

Foster Family Home - Corrective Action Report

Provider ID: 1-561276

Home Name: Imelda Bonilla, CNA

Review ID: 1-561276-4

94-1091 Hapalima Place

Reviewer:

Waipahu HI 96797

Begin Date: 3/15/2016

End Date: 3/18/16

Foster Family Home Required Certificate

[17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6 (d)(1) Requirements at the time of the home visit. No corrective action required. Home is eligible for a 2 year 3-bed certification.