

Foster Family Home - Corrective Action Report

Provider ID: 1-561218

Home Name: Mayrose Bamba, CNA

Review ID: 1-561218-4

739 Hoopai Street

Reviewer:

Pearl City HI 96782

Begin Date: 3/16/2016

End Date: 3/16/16

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment:

Home visit for a 3 person recertification review [REDACTED] Home is in compliance with all requirements. Home will receive a 2 year 3 bed certification.