

Foster Family Home - Corrective Action Report

Provider ID: 1-561284

Home Name: Melendrina Bumanglag, CNA

94-1014 Hohola Street

Waipahu

HI 96797

Review ID: 1-561284-3

Reviewer:

Begin Date: 8/4/2016

End Date: 8/4/16

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 made on 8/4/16.
Home is in compliance with all requirements. Home will receive a 2 year 3 bed certification.

Compliance Manager

Primary Care Giver

Date

Date

8/4/16