

# Foster Family Home - Corrective Action Report

Provider ID: 1-511007

Home Name: Ruth Bonilla, CNA

Review ID: 1-511007-2

94-216 Loku Street

Reviewer:

Waipahu HI 96797

Begin Date: 7/27/2016

End Date: 7/27/16

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 New Home visit made on 7/27/2016. No corrective action required. Home is eligible for a 1 year 2-bed certification.

Compliance Manager

*Ruth R. Bonilla*

Primary Care Giver

Date

*07/27/16*

Date