

# Foster Family Home - Corrective Action Report

Provider ID: 1-562505

Home Name: Bonifacio Tan, CNA

Review ID: 1-562505-3

4033 Keaka Drive

Reviewer:

Honolulu

HI 96818

Begin Date: 9/16/2016

End Date: 9/16/16

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 CCFH recertification review made on 9/16/16. Home is in compliance with all requirements. Home will receive a 2 year 3 bed certification.

\_\_\_\_\_  
Compliance Manager

*Bonifacio Tan*  
\_\_\_\_\_  
Primary Care Giver

9/16/16  
\_\_\_\_\_  
Date

9/16/16  
\_\_\_\_\_  
Date