

Foster Family Home - Corrective Action Report

Provider ID: 1-513201

Home Name: Filomena Bonoan, CNA

Review ID: 1-513201-4

94-1053 Lumikula Street

Reviewer:

Waipahu HI 96797

Begin Date: 9/14/2016

End Date: 9/14/16

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 made on 9/14/2016. No corrective action required. Home is eligible for a 2 year 2-bed certification.

Compliance Manager

Filomena Bonoan

Primary Care Giver

Date

9-14-16

Date