

# Foster Family Home - Corrective Action Report

Provider ID: 1-160083

Home Name: Alwyn Bonoan, CNA

Review ID: 1-160083-1

1419 Kokea St.

Reviewer:

Honolulu HI 96817

Begin Date: 12/2/2016

End Date: 12/2/16

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 12/2/2016. No corrective action required. Home is eligible for a 1 year 2-bed certification.

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

\_\_\_\_\_  
Primary Care Giver

\_\_\_\_\_  
Date

12.02.16

\_\_\_\_\_  
Date