

# Foster Family Home - Corrective Action Report

Provider ID: 1-631318

Home Name: **Zeny Basconillo, CNA**

Review ID: **1-631318-4**

94-1153 Hinaea Street

Reviewer:

Waipahu

HI 96797

Begin Date: 12/5/2016

End Date: 12/6/2016

**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 12/5/2016. No corrective action required. Home is eligible for a 2 year 3-bed certification.

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

*Zeny Basconillo*  
\_\_\_\_\_  
Primary Care Giver

\_\_\_\_\_  
Date

*12/05/2016*  
\_\_\_\_\_  
Date