

Foster Family Home - Corrective Action Report

Provider ID: 1-561002

Home Name: Marissa Bonilla, CNA

Review ID: 1-561002-4

92-787 Ka'ao'ao Place

Reviewer:

Kapolei

HI 96707

Begin Date: 12/12/2016

End Date: 12/12/16

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 CCFFH recertification review made on 12/12/16. Home is in compliance with all requirements. Home will receive a 2 year 3 bed certification.

Compliance Manager

Marissa N. Bonilla

Primary Care Giver

Date

12/12/16

Date