

# Foster Family Home - Corrective Action Report

Provider ID: 1-563107

Home Name: Magdalena Bonafe, CNA

Review ID: 1-563107-5

91-1005 Kaiopua Street

Reviewer:

Ewa Beach HI 96706

Begin Date: 2/3/2017

End Date: 2/3/17

Foster Family Home Required Certificate

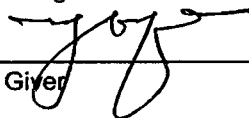
[17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter, and

Comment:

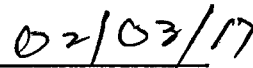
Home visit for a 3 person CCFFH recertification review made on 2/3/17. Home is in compliance with all requirements. Home will receive a 2 year 3 bed certification.

Compliance Manager



Primary Care Giver

Date



Date