

# Foster Family Home - Corrective Action Report

Provider ID: 1-150032

Home Name: **Lexter Bonquin, CNA**

Review ID: 1-150032-3

1733 Apaki St.

Reviewer: [REDACTED]

Honolulu

HI 96817

Begin Date: 4/28/2017

End Date:

4/28/17

**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 2 person CCFFH recertification review made on 4/28/17. Home in compliance with all requirements. Home will receive a 2 year 2 bed certification.

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

*L. Bonquin*  
\_\_\_\_\_  
Primary Care Giver

\_\_\_\_\_  
Date

4/28/17

\_\_\_\_\_  
Date