

Foster Family Home - Corrective Action Report

Provider ID: 1-511007

Home Name: Ruth Bonilla, CNA

Review ID: 1-511007-3

94-216 Loku Place

Reviewer: [REDACTED]

Waipahu HI 96797

Begin Date: 4/26/2017

End Date: 4/27/2017

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 4/26/2017. No corrective action required. Home is eligible for a 2 year 2-bed certification.

Compliance Manager

Ruth L. Bonilla

Primary Care Giver

Date

4-26-17

Date