

# Foster Family Home - Corrective Action Report

Provider ID: 4-622284

Home Name: Marjory Bumatay, CNA

Review ID: 4-622284-7

497 S. Kamehameha Avenue

Reviewer: David Ayling

Kahului HI 96732

Begin Date: 10/3/2017

End Date: 10/3/17

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 CCFH recertification review made on 10/3/17. Home in compliance with all requirements. Home will receive a 2 year 3 bed certification.

David Ayling RN  
Compliance Manager  
M. Bumatay  
Primary Care Giver

10/3/17  
Date  
10/3/17  
Date