

Foster Family Home - Corrective Action Report

Provider ID: 1-591364

Home Name: Lourdes Bumanglag, CNA

Review ID: 1-591364-5

2423 A Rose Street

Reviewer: David Ayling

Honolulu HI 96819

Begin Date: 11/16/2017

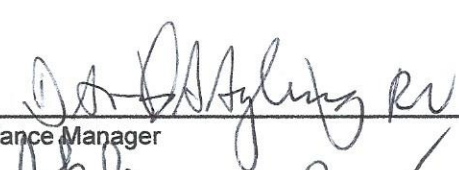
End Date: 11/16/17

Foster Family Home Required Certificate [17-1454-6]

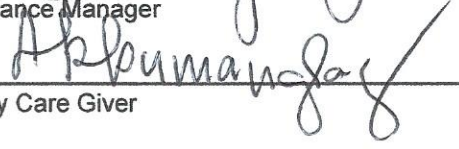
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home visit for a 3 person CCFFH recertification review made on 11/16/17. Home in compliance with all requirements. Home will receive a 2 year 2 bed certification.


Compliance Manager

11/16/17
Date


Primary Care Giver

11/16/17
Date