

Foster Family Home - Corrective Action Report

Provider ID: 1-160083

Home Name: Alwyn Bonoan, CNA

Review ID: 1-160083-3

1419 Kokea St.

Reviewer: Carrie Wakai

Honolulu HI 96817

Begin Date: 1/31/2018

End Date: 1/31/2018

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment:

6.d.1-Home visit made for an increase from 2 to 3 client CCFFH. Home was in compliance with all requirements. Home will receive a 1 year 3 client certification.

Carrie Wakai
Compliance Manager

01-31-2018
Date

[Signature]
Primary Care Giver

01.31.2018
Date