

Foster Family Home - Corrective Action Report

Provider ID: 4-120050

Home Name: Samuel Bumatay, CNA

Review ID: 4-120050-7

448 North Wakea Avenue

Reviewer: David Ayling

Kahului HI 96732

Begin Date: 12/21/2017

End Date: 12/21/17

Foster Family Home

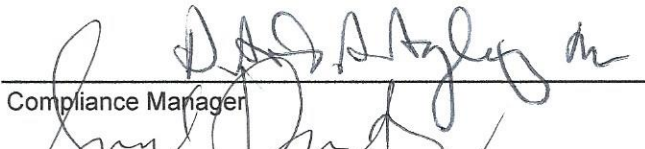
Required Certificate

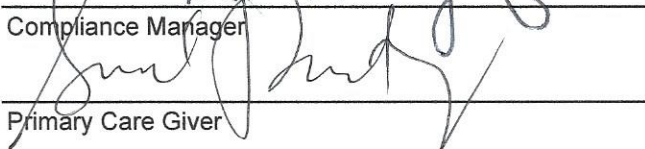
[17-1454-6]

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

Comment:

Home visit for a 3 person CCFFH recertification review made on 12/21/17. Home in compliance with all requirements. Home will receive a 2 year 3 bed certification.


Compliance Manager


Primary Care Giver

12/21/17
Date

12/21/17
Date