

Foster Family Home - Corrective Action Report

Provider ID: 1-170088

Home Name: D.M. Karla Bumanglag

Review ID: 1-170088-1

94-440 Kahualena St.

Reviewer: Carrie Wakai

Waipahu HI 96797

Begin Date: 2/9/2018

End Date: 2/9/2018

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 a new 2 client CCFFH certification survey. Home was in compliance with all requirements and will receive a 1 year 2 client certificate.

Carrie Wakai
Compliance Manager

[Signature]
Primary Care Giver

2-09-2018
Date

09 FEB 2018
Date