

# Foster Family Home - Corrective Action Report

Provider ID: 1-562505

Home Name: Bonifacio Tan, CNA

Review ID: 1-562505-4

4033 Keaka Drive

Reviewer: Angelica Galindo

Honolulu HI 96818

Begin Date: 9/17/2018

End Date: 9/17/18

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 9/17/18.

6.(d)(1) - Home in compliance with all requirements. Home will receive a 2 year 3 bed certification.

Angelica Galindo, RN  
Compliance Manager

Bonifacio Tan  
Primary Care Giver

9/17/18  
Date

9/17/18  
Date