

# Foster Family Home - Corrective Action Report

Provider ID: 1-110031

Home Name: Eufrazio Bugarin, CNA

Review ID: 1-110031-5

47-506 Haanopu Way

Reviewer: Sue Lo

Kaneohe HI 96744

Begin Date: 11/14/2017


End Date: 11/18/2017

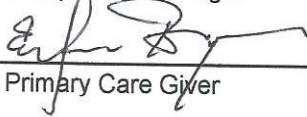
Foster Family Home Required Certificate [17-1454-6]

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

Comment:

6(d)(1) Home visit made for a 2 bed recertification. Home met all compliance requirements at the time of the home visit. No corrective action required. Home is eligible for a 2 year 2 bed certification

  
\_\_\_\_\_  
Compliance Manager

  
\_\_\_\_\_  
Primary Care Giver

11/14/17  
\_\_\_\_\_  
Date

11/14/17  
\_\_\_\_\_  
Date