

# Foster Family Home - Corrective Action Report

Provider ID: 1-511007

Home Name: Ruth Bonilla, CNA

Review ID: 1-511007-5

94-216 Loku Place

Reviewer: David Ayling

Waipahu HI 96797

Begin Date: 11/29/2018

End Date: 12/5/18

Foster Family Home

Required Certificate


[17-1454-6]

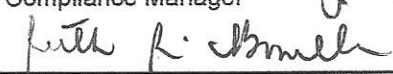
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home visit for a 3 person CCFFH recertification review made on 11/29/18.

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

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

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

11/29/18  
\_\_\_\_\_  
Date

11/29/18  
\_\_\_\_\_  
Date