

Foster Family Home - Corrective Action Report

Provider ID: 1-628745

Home Name: Michelle Bolibol, CNA

Review ID: 1-628745-5

94-108 Palai Place

Reviewer: David Ayling

Waipahu

HI 96797

Begin Date: 2/20/2018

End Date: 2/20/18

Foster Family Home

Required Certificate

[17-1454-6]

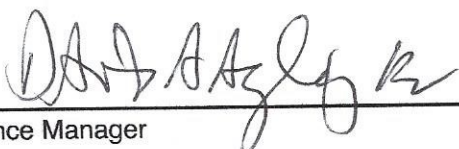
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

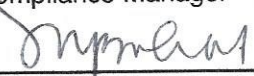
Home visit for a 2 person CCFFH recertification review made on 2/20/18. CCFFH currently has no patients.

6.(d)(1) - see applicable sections of the review

Home in compliance with all requirements. Home will receive a 2 year 2 bed certification.



Compliance Manager



Primary Care Giver

2/20/18
Date

2/20/18
Date