

Foster Family Home - Corrective Action Report

Provider ID: 1-150032

Home Name: Lexter Bonquin, CNA

Review ID: 1-150032-4

1733 Apaki Street

Reviewer: David Ayling

Honolulu

HI 96817

Begin Date: 4/22/2019

Foster Family Home

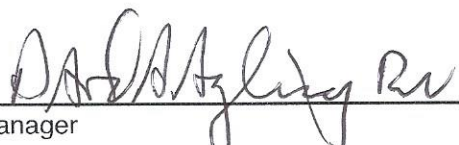
Required Certificate

[11-800-6]

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

Comment:

Home inspection for a 2 person CCFFH recertification made on 4/22/19. PCG requests to increase to a 3 client CCFFH.
6.(d)(1) - Home is in compliance with all requirements. Home will receive a 3 bed certification.



Compliance Manager

4/22/19
Date



Primary Care Giver

4/22/19
Date