

# Foster Family Home - Corrective Action Report

Provider ID: 1-160083

Home Name: Alwyn Bonoan, CNA

1419 Kokea Street

Honolulu

HI 96817

Review ID: 1-160083-6

Reviewer: David Ayling

Begin Date: 12/17/2020

Foster Family Home

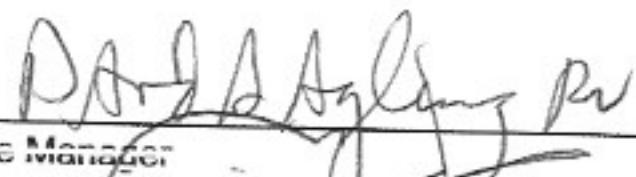
Required Certificate

[11-800-6]

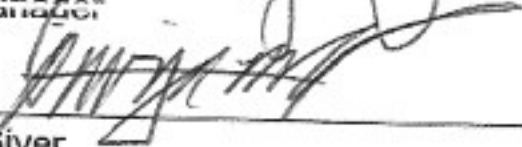
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) - Home inspection for a 3 person CCFFH recertification. Home will receive a 3 bed certification.

  
Compliance Manager

12/17/2020  
Date

  
Primary Care Giver

12.17.2020  
Date