

Foster Family Home - Corrective Action Report

Provider ID: 1-190023

Home Name: Gretchen Bondoc, RN

Review ID: 1-190023-2

94-322 Haaa Street

Reviewer: Pamela Perry

Waipahu HI 96797


Begin Date: 4/22/2020

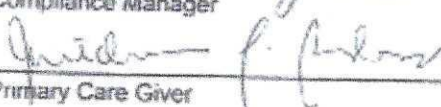
Foster Family Home Required Certificate [11-800-6]

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

Comment

6.(d)(1)-Home visit for a 2 person CCFFH recertification review made on 4/22/20. Home in compliance with all requirements. Home will receive a 2 bed certification.



Compliance Manager


Primary Care Giver

4/22/20
Date
4/22/20
Date