

Foster Family Home - Corrective Action Report

Provider ID: 1-561276

Home Name: Imelda Bonilla, CNA

94-1091 Hapalima Place

Waipahu

HI 96797

Review ID: 1-561276-6

Reviewer: Pamela Perry

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 3 person CCFFH recertification review made on 4/22/2020. Home in compliance with all requirements. Home will receive a 3 bed certification.



Compliance Manager



Primary Care Giver



Date



Date