

Foster Family Home - Corrective Action Report

Provider ID: 1-120022

Home Name: Jinalyn Bulosan, CNA

Review ID: 1-120022-11

91-804 Apoke Place

Reviewer: David Ayling

Ewa Beach

HI 96706

Begin Date: 10/27/2020

Foster Family Home

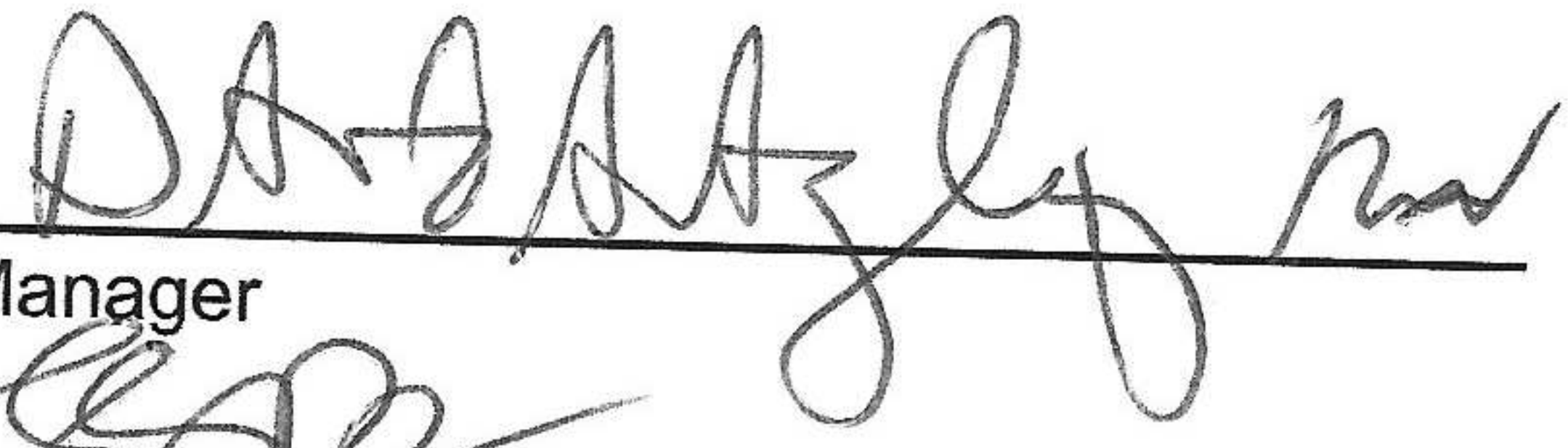
Required Certificate

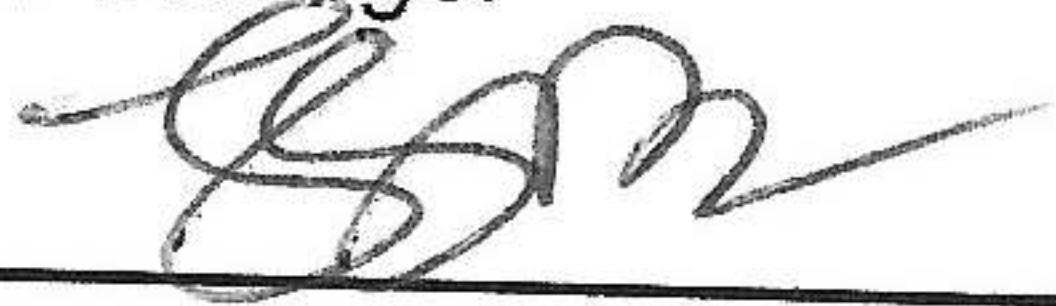
[11-800-6]

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


Primary Care Giver

10/27/2020
Date

10/27/2020
Date