

Foster Family Home - Corrective Action Report

Home Name: Laxar Bonquity CNA
1733/2025-Street
Hawaii HI 96817
Review ID: L-150032-4
Reviewer: Pamela Perry
Begin Date: 5/7/2020

B.(c)(4) Comply with all applicable requirements in this chapter and

Comment

B.(c)(4) Home visit for a 3 person CCFPI recertification review made on 5/4/2020. Home in compliance with all requirements. Home will receive a 3 bed certification.


Compliance Manager


Primary Care Giver

5/14/20
Date

5/7/2020
Date