

Foster Family Home - Corrective Action Report

Provider ID: 1-510182

Home Name: Marilou Tomas, CNA

Review ID: 1-510182-4

94-253 Loaa Street

Reviewer:

Waipahu HI 96797

Begin Date: 3/9/2015

End Date: 3/9/15

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment:

6.(d)(1)
Review for recertification. All items present at time of review.



Marilou B. Tomas
Primary Care Giver

3/12/15
Date

3-10-15
Date