

# Foster Family Home - Corrective Action Report

Provider ID: 1-562307

Home Name: Edgar Tuazon, CNA

Review ID: 1-562307-3

94-1117 Lumikuke Street

Reviewer:

Waipahu HI 96797

Begin Date: 7/14/2016

End Date: 7/14/16

**Foster Family Home**

**Required Certificate**

**[17-1454-6]**

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

Comment:

Home visit for a 3 person recertification review [REDACTED] Home is in compliance with all requirements. Home will receive a 2 year 3 bed certification.