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:

96797 Waipahu HI

Begin Date: 7/14/2016

7/14/16 End Date:

[17-1454-6] **Foster Family Home Required Certificate**

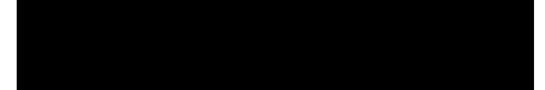
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home visit for a 3 person recertification review

Home is in compliance with all requirements. Home will

receive a 2 year 3 bed certification.



Page 1 of 1 7/14/2016 18:03 PM