

# Foster Family Home - Corrective Action Report

Provider ID: 1-110044

Home Name: Karen Tomlins, CNA

Review ID: 1-110044-5

94-1155 Hoohele Street

Reviewer:

Waipahu HI 96797

Begin Date: 3/16/2016

End Date: 3/18/16

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment:

6 (d)(1) Requirements at the time of the home visit. No corrective action required. Home is eligible for a 2 year 2-bed certification.