

Foster Family Home - Corrective Action Report

Provider ID: 1-599607

Home Name: Rosario Tabilisma, CNA

Review ID: 1-599607-3

94-1061 Lumiauu Street

Reviewer:

Waipahu HI 96797

Begin Date: 6/20/2016

End Date: 6/20/16

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 [REDACTED] No corrective action required. Home is eligible for a 2 year 2-bed certification.

Compliance Manager

Rosario Tabilisma

Primary Care Giver

Date

6/20/16

Date