

Foster Family Home - Corrective Action Report

Provider ID: 1-595837

Home Name: Dominica Tabisola, CNA

Review ID: 1-595837-6

94-423 Apowale Street

Reviewer: David Ayling

Waipahu HI 96797

Begin Date: 12/29/2017

End Date: 12/29/17

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 2 person CCFFH recertification review made on 12/29/17. Home in compliance with all requirements. Home will receive a 2 year 2 bed certification.

David Ayling m
Compliance Manager

12/29/17
Date

retabisola
Primary Care Giver

12/29/17
Date