

# Foster Family Home - Corrective Action Report

Provider ID: 1-595837

Home Name: Dominica Tabisola, CNA

Review ID: 1-595837-7

94-423 Apowale Street

Reviewer: Carrie Wakai

Waipahu HI 96797

Begin Date: 6/9/2018

End Date: 6/9/2018

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment:

6.d.1- Home visit made for a 2 client change to 3 client certification. Home was in compliance with all requirements.

Carrie Wakai  
Compliance Manager

6-9-18  
Date

D. Tabisola  
Primary Care Giver

6-9-18  
Date