

# Foster Family Home - Corrective Action Report

Provider ID: 1-599607

Home Name: Rosario Tabilisma, CNA

Review ID: 1-599607-4

94-1061 Lumiauau Street

Reviewer: Carrie Wakai

Waipahu HI 96797

Begin Date: 6/13/2018

End Date:

6/13/19

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 bed CCFFH recertification survey. Home was in compliance with all requirements.

*Carrie Wakai*

Compliance Manager

*Rosario Tabilisma*

Primary Care Giver

*6/13/18*

Date

*6/13/18*

Date