

Foster Family Home - Corrective Action Report

Provider ID: 1-514902

Home Name: Teresita Shuman, CNA

Review ID: 1-514902-9

94-1067 Lumipolu Street

Reviewer: Sue Lo

Waipahu HI 96797

Begin Date: 4/30/2018

End Date: 4/30/2018

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 3 bed recertification. Home met all compliance requirements at the time of the home visit. No corrective action required.



Compliance Manager



Primary Care Giver

4/30/2018
Date

4/30/2018
Date