

Foster Family Home - Corrective Action Report

Provider ID: 1-510405

Home Name: Lolita Schimmel, CNA

Review ID: 1-510405-5

4496 Luapele Place

Reviewer: David Ayling

Honolulu

HI 96818

Begin Date: 7/3/2018

End Date: 7/3/18

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 3 person CCFFH recertification review made on 7/3/18.

6.(d)(1) - Home in compliance with all requirements. Home will receive a 2 year 3 bed certification.

David A. Ayling
Compliance Manager

7/3/18
Date

Lolita P. Schimmel
Primary Care Giver

7/3/18
Date