

# Foster Family Home - Corrective Action Report

Provider ID: 1-562307

Home Name: Edgar Tuazon, CNA

Review ID: 1-562307-4

94-1117 Lumikuke Street

Reviewer: Angelica Galindo

Waipahu HI 96797

Begin Date: 7/20/2018

End Date: 7/20/18

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 7/20/2018.

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

Asa Galindo, RN  
Compliance Manager  
Juan Tuazon  
Primary Care Giver

7/20/18  
Date  
7/20/18  
Date