

Foster Family Home - Corrective Action Report

Provider ID: 1-110044

Home Name: Karen Tomlins, CNA

Review ID: 1-110044-7

94-1155 Hoohele Street

Reviewer: Lisa Johnson

Waipahu HI 96797

Begin Date: 4/22/2019 :

Foster Family Home

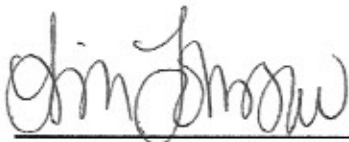
Required Certificate

[11-800-6]

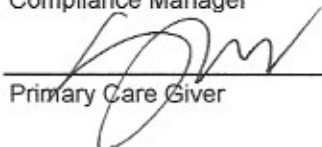
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) Home inspection for a 2 person CCFFH recertification made on 4/30/19.
Home is in compliance with all requirements.



Compliance Manager



Primary Care Giver

4/30/2019

Date

4/30/19

Date