Foster Family Home - Corrective Action Report

Provider ID: **1-120048**

Home Name: **Maria Tabladillo, CNA**

94-483 Opeha Street

Waipahu HI 96797

Review ID: **1-120048-7**

Reviewer: David Ayling

Begin Date: 6/25/2019

Foster Family Home **Required Certificate** **[11-800-6]**

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

Comment:

Home inspection for a 2 person CCFFH recertification made on 6/25/19.
6.(d)(1) - Home is in compliance with all requirements. Home will receive a 2 bed certification.

Compliance Manager — Date 6/25/19

Primary Care Giver — Date 6/25/19