

Foster Family Home - Corrective Action Report

Provider ID: 1-180063

Home Name: Karen Tulay, CNA

Review ID: 1-180063-2

98-111 Kaulike Drive

Reviewer: David Ayling

Pearl City HI 96782

Begin Date: 7/29/2019

Foster Family Home

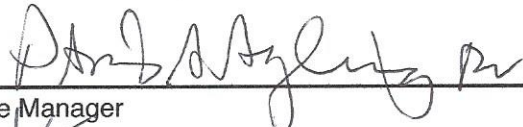
Required Certificate

[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 7/29/19. PCG requests a 1 year certification.
6.(d)(1) - Home is in compliance with all requirements. Home will receive a 2 bed certification.



Compliance Manager

7/29/19
Date



Primary Care Giver

7/29/19
Date