

Foster Family Home - Corrective Action Report

Provider ID: 1-562307

Home Name: Edgar Tuazon, CNA

Review ID: 1-562307-5

94-1117 Lumikuke Place

Reviewer: David Ayling

Waipahu HI 96797

Begin Date: 2/19/2020

Foster Family Home

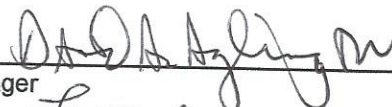
Required Certificate

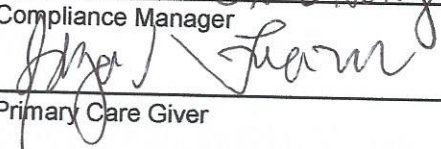
[11-800-6]

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

Comment:

6.(d)(1) - Annual Home inspection for a 3 person CCFFH. Completed annual review. No deficiencies.


Compliance Manager


Primary Care Giver


Date


Date