

# Foster Family Home - Corrective Action Report

Provider ID: 1-200037

Home Name: Heidle Liza Doumitt, CNA

Review ID: 1-200037-1

94-218 Pupukahi Street

Reviewer: David Ayling

Waipahu HI 96797

Begin Date: 9/11/2020

Foster Family Home

Required Certificate

[11-800-6]

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

Comment:

6.(d)(1) - Home inspection for a new 2 person CCFFH certification.  
Home will receive a 2 bed certification.

David Ayling  
Compliance Manager

Heidle Liza Doumitt  
Primary Care Giver

9/11/2020  
Date

9-11-2020  
Date