

Foster Family Home - Corrective Action Report

Provider ID: 1-510405

Home Name: Lolita Schimmel, CNA

Review ID: 1-510405-6

4496 Luapele Place

Reviewer: Pamela Perry

Honolulu HI 96818

Begin Date: 6/19/2020

Foster Family Home

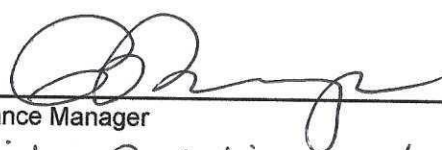
Required Certificate

[11-800-6]

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

Comment:

6.(d)(1)- Unannounced visit made on 6/19/20 for 3 bed CCFFH for Recertification Inspection. Home in compliance with all regulations. Home will receive 3 bed certification.



Compliance Manager
Lolita P. Schimmel

Primary Care Giver

6/19/20

Date
6-19-20

Date