Foster Family Home - Corrective Action Report

Provider ID: 1-514902

Home Name: Teresita Shuman, CNA

94-1067 Lumipolu Street

Waipahu HI 96797

Review ID: 1-514902-9

Reviewer: David Ayling

Begin Date: 4/16/2020

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 3 person CCFFH recertification.
Home will receive a 3 bed certification.

Compliance Manager — Date: 4/16/2020

Primary Care Giver — Date: 4/16/2020

4/17/2020 7:05 AM