

# Foster Family Home - Corrective Action Report

Provider ID: 1-511833

Home Name: Corazon Tan, LPN

Review ID: 1-511833-9

94-1169 Heahea Street

Reviewer: Jackie Chamberlain

Waipahu

HI 96797

Begin Date: 5/19/2021

Foster Family Home


Required Certificate

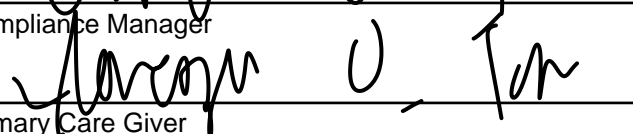
[11-800-6]


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

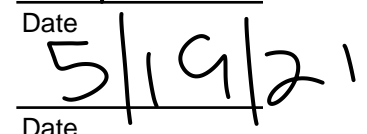
Comment:

6(d)(1) CCFFH inspection made for a 3 bed annual inspection.  
CCFFH met all requirements at this time

  
\_\_\_\_\_  
Compliance Manager

  
\_\_\_\_\_  
Primary Care Giver

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Date