

Foster Family Home - Corrective Action Report

Provider ID: 1-595837

Home Name: Dominica Tabisola, CNA

Review ID: 1-595837-9

94-423 Apowale Street

Reviewer: David Ayling

Waipahu HI 96797


Begin Date: 3/26/2021


Foster Family Home **Required Certificate** **[11-800-6]**

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

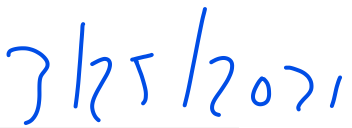
Comment:


6.(d)(1) - Home inspection for a new 2 person CCFFH certification. All requirements were met at the time of inspection. Home will receive a 2 bed certification.



Compliance Manager


Primary Care Giver



Date


Date