

Foster Family Home - Corrective Action Report

Provider ID: 1-110044

Home Name: Karen Tomilins, CNA

94-1155 Hochele Street

Waipahu

HI 96797

Review ID: 1-110044-10

Reviewer: Jackie Chamberlain

Begin Date: 3/24/2021

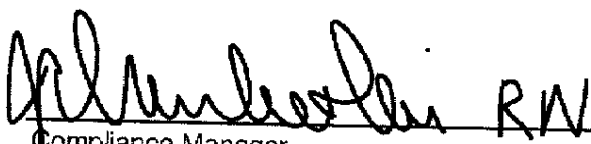
Foster Family Home Required Certificate


[11-800-6]

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

Comment:

6(d)(1) CCFFH inspection made for a 2 bed CCFFH recertification. CCFFH met all compliance requirements at the time of the CCFFH inspection. No corrective action required.


Compliance Manager


Primary Care Giver

3/24/21
Date
3/24/21
Date