

Foster Family Home - Corrective Action Report

Provider ID: 1-510405

Home Name: Lolita Schimmel, CNA

Review ID: 1-510405-8

4496 Luapele Place

Reviewer: Jackie Chamberlain

Honolulu

HI 96818

Begin Date: 6/29/2021

Foster Family Home

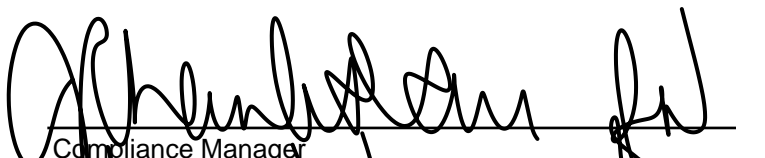
Required Certificate

[11-800-6]


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

Comment:

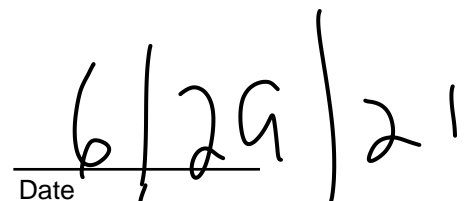
6(d)(1) CCFFH inspection made for a 3 bed annual inspection. CCFFH met all compliance requirements at the time of the CCFFH inspection. No corrective action required



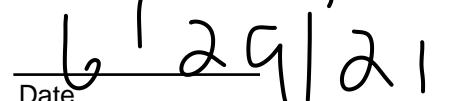
Compliance Manager



Primary Care Giver



Date



Date