

Foster Family Home - Deficiency Report

Provider ID: 1-110044

Home Name: Karen Tomlins, CNA

Review ID: 1-110044-12

94-1155 Hoohele Street

Reviewer: Jackie Chamberlain

Waipahu HI 96797

Begin Date: 5/26/2022

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 annual inspection. CCFFH met all compliance requirements at the time of the CCFFH inspection. No corrective action required



Compliance Manager



Primary Care Giver

5/26/22

Date

5/26/22

Date