

Foster Family Home - Deficiency Report

Provider ID: 1-180063

Home Name: Karen Tulay, CNA

Review ID: 1-180063-10

99-045 Ohiaku Street

Reviewer: Po Lim

Aiea HI 96701


Begin Date: 6/28/2022

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

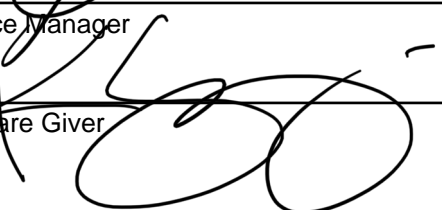
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:


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



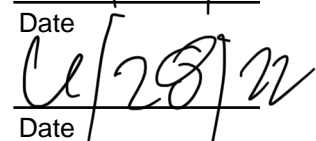
Compliance Manager



Primary Care Giver



Date



Date