

Foster Family Home - Deficiency Report

Provider ID: 1-180063

Home Name: Karen Tulay, CNA

Review ID: 1-180063-16

99-045 Ohiaku Street

Reviewer: Deborah Baumgart

Aiea HI 96701

Begin Date: 6/24/2025

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 visit made for a 3-bed annual inspection.

CCFFH met all requirements at the time of the inspection.

Compliance Manager

Primary Care Give

Date

Date