# Foster Family Home - Deficiency Report

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|---|---|---|---|
| **Provider ID:** | **1-180063** | | |
| **Home Name:** | **Karen Tulay, CNA** | **Review ID:** | **1-180063-17** |
| 99-045 Ohiaku Street | | Reviewer: | Po Lim |
| Aiea HI 96701 | | Begin Date: | 6/1/2026 |

**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 inspection for a 3 bed CCFFH re-certification.

CCFFH met all requirements at the time of the inspection.

Compliance Manager — Date 6/1/2026

Primary Care Giver — Date 6/1/2026