Foster Family Home - Corrective Action Report

Provider ID: **1-564189**

Home Name: **Betty Rumbaoa, CNA**

Review ID: **1-564189-3**

91-1020 Nihopeku Street

Reviewer: [redacted]

Kapolei HI 96707

Begin Date: 9/17/2015 End Date: 9/17/15

Foster Family Home **Required Certificate** **[17-1454-6]**

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

Comment:

Home visit for a 2 person recertification review made on 9/17/15.
Home is in compliance with all requirements. Home will receive a 2 year 2 bed certification.

[redacted] 9/17/15

Compliance Manager Date

Betty V. Rumbaoa 9/17/15

Primary Care Giver Date