Foster Family Home - Corrective Action Report

Provider ID: 1-563280

Home Name: Josephine Cabalo, CNA

Review ID: 1-563280-3

1467 Haloa Drive

Reviewer: [redacted]

Honolulu HI 96818

Begin Date: 9/29/2015 End Date: 9/29/15

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 3 person recertification review made on 9/29/15. Home is in compliance with all requirements. Home will receive a 2 year 3 bed certification.

[redacted] 9/29/15

Compliance Manager Date

Josephine G. Cabalo 9-29-15

Primary Care Giver Date

9/29/2015 16:21 PM