

Foster Family Home - Corrective Action Report

Provider ID: 1-509309

Home Name: Norma Cabus, CNA

Review ID: 1-509309-3

98-1674 Laauhuahua Place

Reviewer:

Pearl City HI 96782

Begin Date: 7/24/2015

End Date: 7/24/15

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 7/24/15.
Home is in compliance with all requirements. Home will receive a 2 year 2 bed certification.

[REDACTED]

Compliance
Norma Cabus

Primary Care Giver

7/24/15
Date
7/24/15
Date