

Foster Family Home - Corrective Action Report

Provider ID: 1-130033

Home Name: Pamela Cabato, CNA

Review ID: 1-130033-4

94-858 Lumihoahu Street

Reviewer:

Waipahu HI 96797

Begin Date: 6/13/2016

End Date: 6/13/16

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment:

Home visit [REDACTED] for recertification of 2 bed home changing to 3 bed. All requirements met at time of review. Home eligible for 1 year 3 bed home.