

# Foster Family Home - Corrective Action Report

Provider ID: 1-577405

Home Name: Estrella Rabago, CNA

Review ID: 1-577405-3

1745 Akahi Street

Reviewer:

Honolulu

HI 96819

Begin Date: 10/14/2016

End Date: 10/14/16

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 CCFFH recertification review made on 10/14/16. Home is in compliance with all requirements. Home will receive a 2 year 2 bed certification.

Compliance Manager

*Estrella T. Rubayo*

Primary Care Giver

Date

*10/14/16*

Date