

Foster Family Home - Corrective Action Report

Provider ID: 1-100041

Home Name: Rowena Sabio, CNA

Review ID: 1-100041-4

94-815 Kaaka Street

Reviewer:

Waipahu HI 96797

Begin Date: 11/9/2016

End Date: 11/9/16

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 3 person CCFFH recertification review made on 11/9/16. PCG request to decrease to a 2 client CCFFH. Home is in compliance with all requirements. Home will receive a 2 year 2 bed certification.

Compliance Manager

Rowena M. Sabio

Primary Care Giver

Date

11/9/16

Date