

# Foster Family Home - Corrective Action Report

Provider ID: 1-589822

Home Name: Rosemary Cayabyab, CNA

Review ID: 1-589822-4

94-1178 Hoomakoa Street

Reviewer:

Waipahu HI 96797

Begin Date: 2/10/2017

End Date: 2/11/2017

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 2/10/2017. (6)(1)-see applicable sections of the review. Home is in compliance with all requirements. Home will receive a 2 year 3 bed certification.

Compliance Manager

Primary Care Giver

Date

2/10/17

Date