

Foster Family Home - Corrective Action Report

Provider ID: 1-130033

Home Name: Pamela Cabato, CNA

Review ID: 1-130033-5

94-858 Lumihoahu Street

Reviewer: Sue Lo

Waipahu

HI 96797

Begin Date: 3/15/2017

End Date: 3/21/2017

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment:

6 (d)(1) Requirements at the time of the home visit made on 3/15/2017. No corrective action required. Home is eligible for a 2 year 3-bed certification.

Compliance Manager



Primary Care Giver

Date

3/15/17

Date