

Foster Family Home - Corrective Action Report

Provider ID: 5-130034

Home Name: Rose Ann Cabe, CNA

Review ID: 5-130034-4

4131 Hoohana Street

Reviewer: David Ayling

Lihue

HI 96766

Begin Date: 6/13/2017

End Date:

6/13/17

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 6/13/17. Home in compliance with all requirements. Home will receive a 2 year 2 bed certification.

Compliance Manager

Rose Ann Cabe

Primary Care Giver

Date

6/13/17

Date