

Foster Family Home - Corrective Action Report

Provider ID: 1-564189

Home Name: Betty Rumbaoa, CNA

Review ID: 1-564189-4

91-1020 Nihopeku Street

Reviewer: David Ayling

Kapolei HI 96707

Begin Date: 9/11/2017

End Date:

9/11/17

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 9/11/17.
Home in compliance with all requirements. Home will receive a 2 year 2 bed certification.

David A Ayling RV
Compliance Manager

Betty Rumbaoa
Primary Care Giver

9/11/17
Date

9/11/17
Date