

Foster Family Home - Corrective Action Report

Provider ID: 4-000016

Home Name: Clariza Rabanes, CNA

Review ID: 4-000016-3

185 Ani Street

Reviewer: David Ayling

Kahului HI 96732

Begin Date: 10/2/2017

End Date: 10/2/17

Foster Family Home Required Certificate

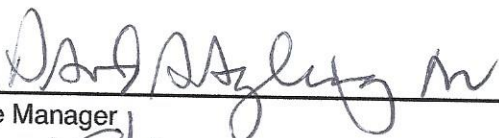
[17-1454-6]

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

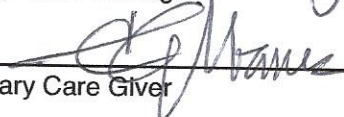
Comment:

Home visit for a 2 person CCFFH requesting to increase to a 3 client CCFFH. Certification review made on 10/2/17. Home in compliance with all requirements.

Home will receive a 1 year 3 bed certification.


Compliance Manager

10/2/17
Date


Primary Care Giver

10/2/17
Date