

# Foster Family Home - Corrective Action Report

Provider ID: 1-170081

Home Name: Angelina Cabusas, RN

Review ID: 1-170081-1

3415 Harding Ave.

Reviewer: Carrie Wakai

Honolulu HI 96816

Begin Date: 1/19/2018

End Date: 01/19/2018

Foster Family Home Required Certificate [17-1454-6]

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

Comment:

6.d.1-Home visit made for a new 2 client CCFFH certification survey. Home was in compliance with all requirements. Home will receive a 1 year 2 client certification.

Carrie Wakai RN  
Compliance Manager

ANGELINA CABUSAS

Primary Care Giver

1-19-18  
Date

1-19-18  
Date