

Provider ID: 1-580599

Home Name: Robert Yabut, CNA

Review ID: 1-580599-7

1639 Lusitana Street

Reviewer: David Ayling

Honolulu HI 96813

Begin Date: 1/31/2018

End Date: 1/31/18

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 3 person CCFFH recertification review made on 1/31/18. Home in compliance with all requirements. Home will receive a 2 year 3 bed certification.

David Ayling Rev
Compliance Manager

1/31/18
Date

[Signature]
Primary Care Giver

Date