

Foster Family Home - Corrective Action Report

Provider ID: 4-000016

Home Name: Clariza Rabanes, CNA

Review ID: 4-000016-4

185 Ani Street

Reviewer: David Ayling

Kahului

HI 96732

Begin Date: 6/4/2018

End Date: 6/4/18

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 6/4/18. 6.(d)(1) - Home in compliance with all requirements. Home will receive a 2 year 3 bed certification.

Compliance Manager

David A. Ayling Rev

Primary Care Giver

[Signature]

Date

6/4/18

Date

6/4/18