

Foster Family Home - Corrective Action Report

Provider ID: 1-170014

Home Name: Jaimie Cabo, RN

114 Kaniahe Place

Wahiawa

HI 96786

Review ID: 1-170014-2

Reviewer: David Ayling

Begin Date: 7/11/2018

End Date: 7/11/18

Foster Family Home

Required Certificate

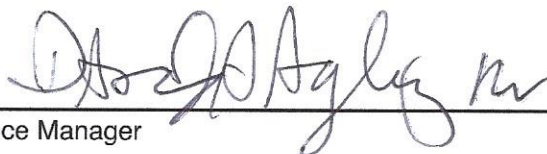
[17-1454-6]

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

Comment:

Home visit for a 2 person CCFFH recertification review made on 7/11/18. PCG requests to increase to a 3 client CCFFH.
6.(d)(1) - Home in compliance with all requirements. Home will receive a 1 year 3 bed certification.

Compliance Manager



Date

7/11/18

Primary Care Giver



Date

7/11/18