

Foster Family Home - Corrective Action Report

Provider ID: 1-577405

Home Name: Estrella Rabago, CNA

Review ID: 1-577405-4

1745 Akahi Street

Reviewer: Angelica Galindo

Honolulu

HI 96819

Begin Date: 10/1/2018

End Date: 10/01/18

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 10/01/18.

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

Angelica Galindo, RN

Compliance Manager

Estrella T. Rabago

Primary Care Giver

10/01/18

Date

10/01/18

Date