

Foster Family Home - Corrective Action Report

Provider ID: 1-509309

Home Name: Norma Cabus, CNA

Review ID: 1-509309-5

98-1674 Laaahuahua Place

Reviewer: Lori O'Keefe

Pearl City HI 96782

Begin Date: 8/15/2018

End Date:

8/15/18

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment:

Recertification visit made today. PCG is applying for a 3 client home with this inspection. Home is in full compliance with requirements. No corrective action report issued during visit. Home is eligible for 1 year 3 client certification.

Lori O'Keefe RN
Compliance Manager

Norma Cabus
Primary Care Giver

8/15/18
Date

8/15/18
Date