

# Foster Family Home - Corrective Action Report

Provider ID: 1-100041

Home Name: Rowena Sabio, CNA

Review ID: 1-100041-5

94-815 Kaaka Street

Reviewer: David Ayling

Waipahu

HI 96797

Begin Date: 11/13/2018

End Date: 11/14/18

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 11/13/18.

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

David Ayling  
Compliance Manager

Rowena M. Sabio  
Primary Care Giver

11/13/18  
Date

11/13/18  
Date