

# Foster Family Home - Corrective Action Report

Provider ID: 5-130034

Home Name: Rose Ann Cabe, CNA

Review ID: 5-130034-5

4131 Hooohana Street

Reviewer: David Ayling

Lihue HI 96766

Begin Date: 6/4/2019

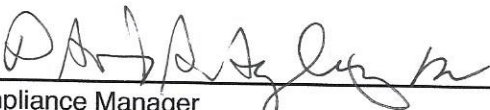
Foster Family Home Required Certificate [11-800-6]

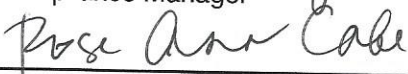
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection for a 2 person CCFFH recertification made on 6/4/19.

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

  
\_\_\_\_\_  
Compliance Manager

  
\_\_\_\_\_  
Primary Care Giver

6/4/19  
Date

6/04/19  
Date