

Foster Family Home - Corrective Action Report

Provider ID: 1-577405

Home Name: Estrella Rabago, CNA

1745 Akahi Street

Honolulu

HI 96819

Review ID: 1-577405-6

Reviewer: Jackie Chamberlain

Begin Date: 10/1/2020

Foster Family Home

Required Certificate

[11-800-6]

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

Comment:

6(d)(1) Home inspection made for a 2 bed CCFFH recertification. Home met all compliance requirements at the time of the home inspection. No corrective action required

Jackie Chamberlain
Compliance Manager

Estrella T. Rabago
Primary Care Giver

10/01/2020
Date

10/01/2020
Date