

# Foster Family Home - Corrective Action Report

Provider ID: 4-190008

Home Name: Jovie Jane Rabe, RN

Review ID: 4-190008-2

380 Kuaaloha Street

Reviewer: Terri Van Houten

Kahului HI 96732

Begin Date: 7/8/2020

Foster Family Home


Required Certificate

[11-800-6]


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

Comment:

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

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

7/8/20  
Date

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

7/8/20  
Date