

Foster Family Home - Corrective Action Report

Provider ID: 4-190008

Home Name: Jovie Jane Rabe, RN

Review ID: 4-190008-4

380 Kuualoa Street

Reviewer: Terri Van Houten

Kahului HI 96732

Begin Date: 6/15/2021

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

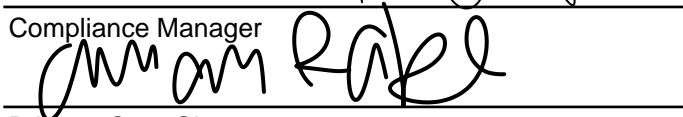
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

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



Compliance Manager



Primary Care Giver



Date

Date