

Foster Family Home - Corrective Action Report

Provider ID: 1-623555

Home Name: Nicerita Rabut, CNA

Review ID: 1-623555-9

44-781 Kaneohe Bay Drive

Reviewer: Julie Hastings

Kaneohe HI 96744

Begin Date: 1/6/2021

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

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

Comment:

6.(d)(1)
Home inspection completed for a 2 person CCFFH recertification.
-Home is in compliance with all requirements. Home will receive a 2 bed certification.



Compliance Manager



Primary Care Giver

1/15/2021

Date

1/15/2021

Date