

Foster Family Home - Deficiency Report

Provider ID: 4-190008

Home Name: Jovie Jane Rabe, RN

Review ID: 4-190008-8

380 Kuualoa Street

Reviewer: Terri Van Houten

Kahului HI 96732

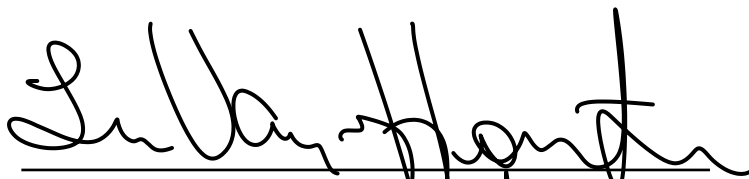
Begin Date: 4/19/2023

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 inspection made for a 2 bed CCFFH. CCFFH met all compliance requirements at the time of the inspection. No corrective action required.



Compliance Manager



Primary Care Giver

4/19/23

Date

4/19/23

Date