

# Foster Family Home - Deficiency Report

Provider ID: 1-513277

Home Name: Mary Ann Rabe, CNA

Review ID: 1-513277-13

91-1107 Kaunolu Street

Reviewer: Jackie Chamberlain

Ewa Beach

HI

96706

Begin Date: 6/8/2022

Foster Family Home

Required Certificate

[11-800-6]

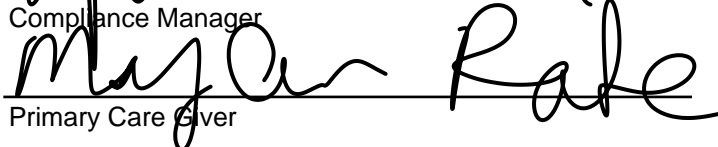
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6(d)(1) CCFFH inspection made for a 3 bed re-certification inspection. CCFFH met all compliance requirements at the time of the CCFFH inspection. No corrective action required.



Compliance Manager



Primary Care Giver

6/4/22  
Date  
6/8/22  
Date

6/8/2022 11:11:32 AM