

# Foster Family Home - Corrective Action Report

Provider ID: 1-100124

Home Name: Josefina Saoit, CNA

Review ID: 1-100124-4

94-192 Kaima Place

Reviewer:

Waipahu

HI 96797

Begin Date: 2/20/2015

End Date:

3/20/15

## Foster Family Home - Required Certificate

[17-1454-6]

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

Comment:

6.(d)(1)  
Review for recertification. All items present at time of review.

*[Redacted Signature]*

Compliance Manager

*[Signature]*  
Primary Care Giver

*[Signature]*  
Date

3/3/15  
Date