

Foster Family Home - Corrective Action Report

Provider ID: 1-590358

Home Name: Andrea Paeste, RN

Review ID: 1-590358-3

91-212 Haawina Place

Reviewer:

Kapolei HI 96707

Begin Date: 1/11/2016

End Date:

1/10/16

Foster Family Home

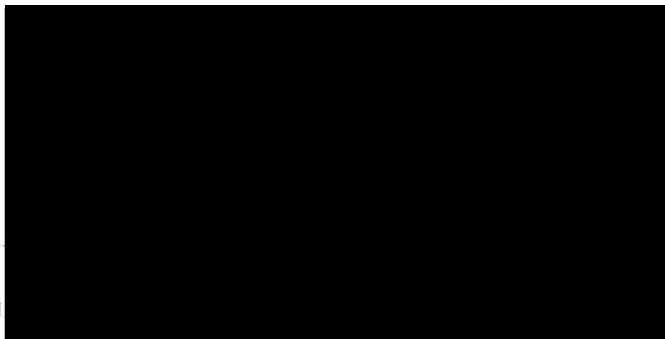
Required Certificate

[17-1454-6]

(d)(1) Comply with all applicable requirements in this chapter, and

Comment:

Home survey conducted for recertification of two client CCFFH 1/11/2016. All requirements met on date of review. Two year certification.



1/11/16

Date

1/11/16

Date