

# Foster Family Home - Corrective Action Report

Provider ID: 1-590358

Home Name: Andrea Paeste, RN

Review ID: 1-590358-4

91-212 Haawina Place

Reviewer: Carrie Wakai

Kapolei HI 96707

Begin Date: 1/12/2018

End Date: 1/12/2018

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment:

6.d.1- Home visit made for a 2 client CCFFH recertification survey. Home was in compliance with all requirements. Home will receive a 2 client 2 year certification.

Carrie Wakai RN  
Compliance Manager

Andrea Paeste, RN  
Primary Care Giver

01-12-18  
Date

01-12-18  
Date