

Foster Family Home - Corrective Action Report

Provider ID: 1-180043

Home Name: Charmaine Saoit, RN

Review ID: 1-180043-1

91-733 Makule Road, Apt. C

Reviewer: Lori O'Keefe

Ewa Beach HI 96706

Begin Date: 7/26/2018

End Date:

7/26/18

Foster Family Home

Required Certificate

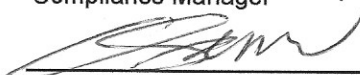
[17-1454-6]

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

Comment:

Visit for new home application. Home is in full compliance during visit and eligible for certification for 1 year for 2 clients. No corrective actions needed.


Compliance Manager


Primary Care Giver

7/26/18
Date

7/26/18
Date