

Foster Family Home - Corrective Action Report

Provider ID: 1-180045

Home Name: Cherry Fiesta, CNA

Review ID: 1-180045-1

94-412 Opeha Street

Reviewer: Lori O'Keefe

Waipahu HI 96797

Begin Date: 8/6/2018

End Date:

8/6/18

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment:

New home visit. Home is in full compliance, no corrective action report issued. Home is eligible for 1 year 2 client certification.

Lori O'Keefe RN
Compliance Manager

Cherry Fiesta
Primary Care Giver

8/6/18
Date

8/6/18
Date