

# Foster Family Home - Corrective Action Report

Provider ID: 1-180044

Home Name: Jaizl Pinera, CNA

Review ID: 1-180044-1

4043 Keaka Drive

Reviewer: Lori O'Keefe

Honolulu

HI 96818

Begin Date: 7/30/2018

End Date:

7/30/18

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment:

Home visit for new 2 client home. Meets all areas of compliance. No corrective actions needed. Eligible for 1 year 2 client certification.

Lori O'Keefe RN  
Compliance Manager

7/30/18  
Date

JMP  
Primary Care Giver

7/30/18  
Date