

Foster Family Home - Corrective Action Report

Provider ID: 1-180041

Home Name: Robina Quartero, CNA

Review ID: 1-180041-1

94-515 Kahuanani 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:

Home visit for new 2 client home. No Corrective Action Report issued during this visit. Home is in full compliance and eligible for a 1 year 2 client certification.

Lori O'Keefe
Compliance Manager

Robina Quartero
Primary Care Giver

8/6/18
Date

8/6/18
Date