

# Foster Family Home - Corrective Action Report

Provider ID: 1-630576

Home Name: Alejandrina Seatriz, CNA

Review ID: 1-630576-7

91-1050 Kauiki Street

Reviewer: Lori O'Keefe

Ewa Beach HI 96706

Begin Date: 10/1/2018

End Date:

10/9/18

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment:

Recertification inspection done today and home is in full compliance with requirements. Home will receive 2 year 3 client certification.

Lori O'Keefe  
Compliance Manager

10/1/18  
Date

Asstz  
Primary Care Giver

10/1/18  
Date