

Foster Family Home - Corrective Action Report

Provider ID: 1-590358

Home Name: Andrea Paeste, RN

Review ID: 1-590358-5

91-212 Haawina Place

Reviewer: Jackie Chamberlain

Kapolei HI 96707

Begin Date: 1/15/2020

Foster Family Home

Required Certificate

[11-800-6]

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

Comment:

6(d)(1) Home inspection made for a 2 bed re-certification. Home met all compliance requirements at the time of the home inspection. No corrective action required

Chamberlain RJ
Compliance Manager

Arden Beatrice S. Poutou, RN
Primary Care Giver

1/15/2020
Date

1-15-20
Date