

Foster Family Home - Corrective Action Report

Provider ID: 1-587743

Home Name: Jean Prieto, CNA

Review ID: 1-587743-2

91-102 Akekee Place

Reviewer:

Ewa Beach HI 96706

Begin Date: 7/20/2015

End Date: 7/20/15

Foster Family Home Required Certificate [17-1454-6]

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

Comment:

Home visit for a 2 person recertification review made on 7/20/15.
Home is in compliance with all requirements. Home will receive
a 2 year 2 bed certification.

Compliance Manager

Primary Care Giver

Date

Date