

# Foster Family Home - Corrective Action Report

Provider ID: 1-597536

Home Name: Grace Jacinto, CNA

Review ID: 1-597536-7

94-1037 Eleu Street

Reviewer: Pamela Perry

Waipahu HI 96797

Begin Date: 4/21/2020

Foster Family Home

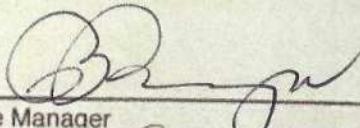
Required Certificate

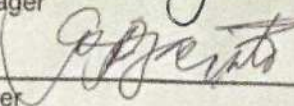
[11-800-6]

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

Comment:

6.(d)(1)- Home visit for 2 bed CCFFH Annual Inspection made on 4/21/20. Home in compliance with all requirements.

  
\_\_\_\_\_  
Compliance Manager

  
\_\_\_\_\_  
Primary Care Giver

4/21/20  
Date

5/14/2020  
Date