

Foster Family Home - Corrective Action Report

Provider ID: 2-578817

Home Name: Lily Jacinto, CNA

Review ID: 2-578817-8

73-1158 Ala Kapua Street

Reviewer: Terri Van Houten

Kailua-Kona HI 96740

Begin Date: 6/4/2021

Foster Family Home **Required Certificate** **[11-800-6]**

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

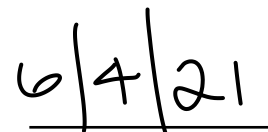
Comment:

6.(d)(1) – Unannounced annual home inspection made for a 3bed CCFFH. Home met all compliance requirements at the time of the inspection. No corrective action required.

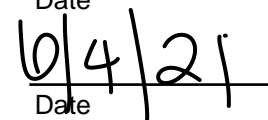


Compliance Manager

Primary Care Giver



Date



Date