

Foster Family Home - Corrective Action Report

Provider ID: 1-150037

Home Name: Marcela Briones, CNA

Review ID: 1-150037-10

1808-B Beckley Street

Reviewer: Jackie Chamberlain

Honolulu HI 96819

Begin Date: 5/13/2021


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

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

Comment:

6(d)(1) CCFFH inspection made for a 3 bed Annual inspection. CCFFH met all compliance requirements at the time of the CCFFH inspection.

No corrective action required.



Compliance Manager



Primary Care Giver

5/13/21

Date

5/13/21

Date