

# Foster Family Home - Corrective Action Report

Provider ID: 2-160008

Home Name: Marieta Reyes, CNA

Review ID: 2-160008-9

74-5209 Kauwela Place

Reviewer: Terri Van Houten

Kailua-Kona HI 96740

Begin Date: 4/26/2021

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

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

Comment:

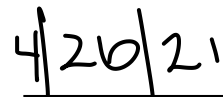
6.(d)(1) – Unannounced home inspection made for a 3 bed CCFFH recertification. Home met all compliance requirements at the time of the inspection. No corrective action required.



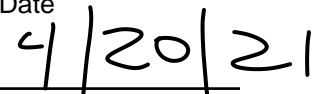
Compliance Manager



Primary Care Giver



Date



Date