

# Foster Family Home - Corrective Action Report

Provider ID: 1-587743

Home Name: Jean Prieto, CNA

Review ID: 1-587743-9

91-102 Akekee Place

Reviewer: Jackie Chamberlain

Ewa Beach HI 96706

Begin Date: 7/8/2021

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

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


Comment:

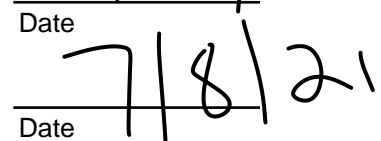
6(d)(1) CCFFH inspection made for a 2 bed re-certification. CCFFH met all compliance requirements at the time of the CCFFH inspection.

No corrective action required.

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

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

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Date