

# Foster Family Home - Deficiency Report

Provider ID: 1-200040

Home Name: Colleen Reid, CNA

Review ID: 1-200040-7

5358 Edgewater Drive

Reviewer: Jackie Chamberlain

Ewa Beach HI 96706

Begin Date: 6/4/2023

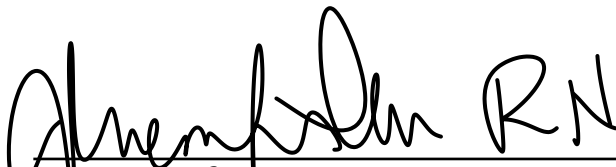
**Foster Family Home**      **Required Certificate**      **[11-800-6]**

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

Comment:

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

No plan of correction required.

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

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

6/5/23  
\_\_\_\_\_  
Date  
6/5/23  
\_\_\_\_\_  
Date