

Foster Family Home - Deficiency Report

Provider ID: 1-200040

Home Name: Colleen Reid, CNA

Review ID: 1-200040-9

5358 Edgewater Drive

Reviewer: Po Lim

Ewa Beach HI 96706

Begin Date: 6/25/2024

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 visit made for a 3 bed annual inspection.

CCFFH met all requirements at the time of the inspection.



Compliance Manager



Primary Care Giver



Date



Date