

Foster Family Home - Deficiency Report

Provider ID: 1-587743

Home Name: Jean Prieto, CNA

Review ID: 1-587743-18

91-102 Akekee Place

Reviewer: Laurie Vosler

Ewa Beach HI 96706

Begin Date: 6/16/2026

Foster Family Home

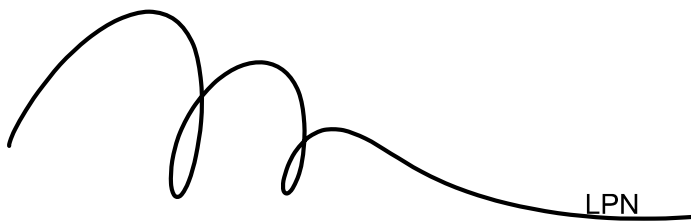
Required Certificate

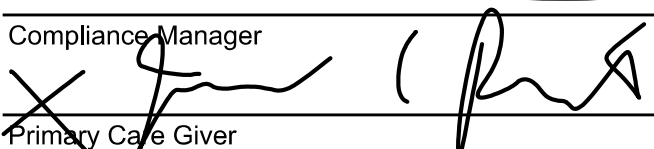
[11-800-6]

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

Comment:

6.(d)(1) – Unannounced annual inspection made for a 2 bed CCFFH. CCFFH met all compliance requirements at the time of the inspection. No corrective action is required.


LPN

Compliance Manager

~~_____
Primary Care Giver~~

06/16/2026

Date
06/16/2026

Date