

Foster Family Home - Corrective Action Report

Provider ID: 1-140027

Home Name: Jean Margaret Flores, CNA

Review ID: 1-140027-2

1622 Kalauipo Street

Reviewer: David Ayling

Pearl City HI 96782

Begin Date: 2/6/2015

End Date: 2/6/15

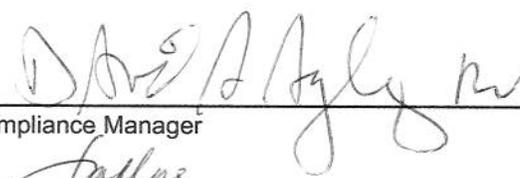
Foster Family Home **Required Certificate** **[17-1454-6]**

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

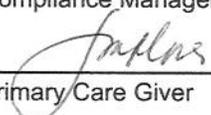
Comment:

Home visit for a 2 person recertification review made on 2/6/15.

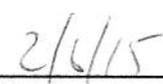
Home is in compliance with all requirements. Home will receive a 2 year 2 bed certification.



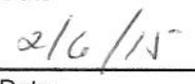
Compliance Manager



Primary Care Giver



Date



Date