

Foster Family Home - Corrective Action Report

Provider ID: 1-140027

Home Name: Jean Margaret Flores, CNA

Review ID: 1-140027-3

1622 Kalauipo Street

Reviewer:

Pearl City HI 96782

Begin Date: 8/17/2015

End Date: 8/17/15

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment:

Home visit on 8/17/15 for recertification of 2 bed home changing to 3 bed. All requirements met at time of review. Home will receive 1 year 3 bed certificate.



MSN

Date

8/17/15

Primary Care Giver

Date

8/17/15