

# Foster Family Home - Corrective Action Report

Provider ID: 1-585606

Home Name: Jocelyn Lazo, CNA

Review ID: 1-585606-3

2389 Ahaiki Street

Reviewer: [REDACTED]

Pearl City HI 96782

Begin Date: 2/4/2015

End Date: 2/4/15

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

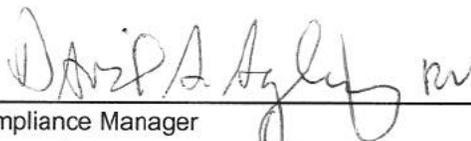
6.(d)(1) Comply with all applicable requirements in this chapter; and

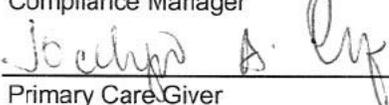
Comment:

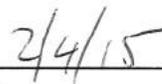
6.(d)(1) - see applicable sections of the review

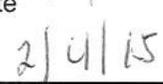
Home visit for a 3 person recertification review made on 2/4/15.

Home is in compliance with all requirements. Home will receive a 2 year 3 bed certification.

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

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

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Date