

Foster Family Home - Corrective Action Report

Provider ID: 1-100052

Home Name: Jocelyn Alcaraz, CNA

Review ID: 1-100052-3

91-1124 Kauiki Street

Reviewer:

Ewa Beach HI 96706

Begin Date: 3/4/2016

End Date: 3/4/16

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 3 person recertification review made on 3/4/16.

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

Compliance Manager

Primary Care Giver

Date

Date

3/4/16