

Foster Family Home - Corrective Action Report

Provider ID: 1-000027

Home Name: Paula Lazo, CNA

Review ID: 1-000027-5

128 Plum Street

Reviewer:

Wahiawa HI 96786

Begin Date: 3/3/2016

End Date: 3/3/16

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 3/3/16. PCG requests to down size to a 2 client CCFFH. Home is in compliance with all requirements. Home will receive a 2 year 2 bed certification.

Compliance Manager

Paula Lazo

Primary Care Giver

Date

3-3-16

Date