

# Foster Family Home - Corrective Action Report

Provider ID: 1-140027

Home Name: Jean Margaret Flores, CNA

Review ID: 1-140027-4

1622 Kalauipo Street

Reviewer:

Pearl City HI 96782

Begin Date: 5/17/2016

End Date: 5/17/16

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

Home is in compliance with all requirements. Home will