

Foster Family Home - Corrective Action Report

Provider ID: 1-585606

Home Name: Jocelyn Lazo, CNA

Review ID: 1-585606-4

2389 Ahaiki Street

Reviewer:

Pearl City HI 96782

Begin Date: 2/2/2017

End Date: 2/3/2017

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment:

6 (d)(1) Requirements at the time of the home visit made on 2/2/2017. No corrective action required. Home is eligible for a 2 year 3-bed certification.

Compliance Manager

Jocelyn A. Cy

Primary Care Giver

Date

02-02-17

Date