

Foster Family Home - Corrective Action Report

Provider ID: 1-140027

Home Name: Jean Margaret Flores, CNA

Review ID: 1-140027-5

1622 Kalauipo Street

Reviewer: David Ayling

Pearl City HI 96782

Begin Date: 5/14/2018

End Date: 5/14/18

Foster Family Home Required Certificate

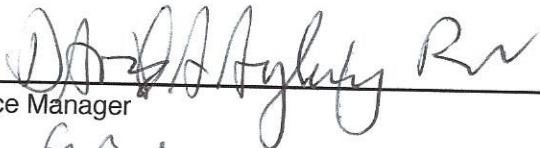
[17-1454-6]

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

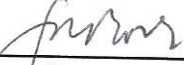
Comment:

Home visit for a 3 person CCFFH recertification review made on 5/14/18.

6.(d)(1) - Home in compliance with all requirements. Home will receive a 2 year 3 bed certification.


Compliance Manager

5/14/18
Date


Primary Care Giver

5/14/18
Date