Foster Family Home - Corrective Action Report

Provider ID:	**1-585606**		
Home Name:	**Jocelyn Lazo, CNA**	**Review ID:**	**1-585606-5**
2389 Ahaiki Street		Reviewer:	David Ayling
Pearl City	HI 96782	Begin Date:	2/7/2019

Foster Family Home **Required Certificate** **[11-800-6]**

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

Comment:

Home visit for a 3 person CCFFH recertification review made on 2/7/19.
6.(d)(1) - Home in compliance with all requirements. Home will receive a 3 bed certification.

David A. Ayling Jr
Compliance Manager

2/7/19
Date

Jocelyn A. Lazo
Primary Care Giver

2/7/19
Date