

# Foster Family Home - Corrective Action Report

Provider ID: 1-140027

Home Name: Jean Margaret Flores, CNA

Review ID: 1-140027-7

1623 Hoonipo Street

Reviewer: Julie Hastings

Pearl City

HI 96782

Begin Date: 5/6/2020

Foster Family Home

Required Certificate

[11-800-6]

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

Comment:

6.(d)(1)

Home inspection completed for a 3 person CCFFH recertification.

-Home is in compliance with all requirements. Home will receive a 3 bed certification

Compliance Manager

Primary Care Giver

Date

Date