

Foster Family Home - Corrective Action Report

Provider ID: 1-100052

Home Name: Jocelyn Alcaraz, CNA

Review ID: 1-100052-8

91-1124 Kauiki Street

Reviewer: Jackie Chamberlain

Ewa Beach HI 96706

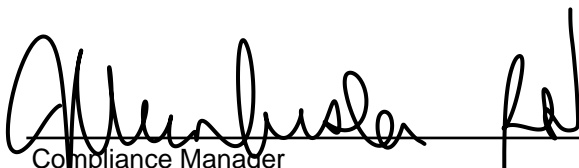
Begin Date: 3/17/2021

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

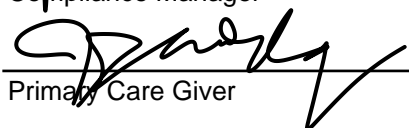
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

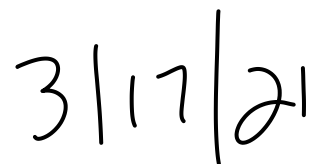
6(d)(1) CCFFH inspection made for a 3 bed annual inspection.
CCFFH met all requirements at the time of inspection
Corrective action required



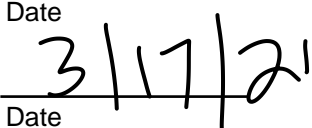
Compliance Manager



Primary Care Giver



Date



Date