

Foster Family Home - Corrective Action Report

Provider ID: 1-585606

Home Name: Jocelyn Lazo, CNA

Review ID: 1-585606-8

2389 Ahaiki Street

Reviewer: Jackie Chamberlain

Pearl City HI 96782

Begin Date: 2/10/2021


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 re-certification. CCFFH met all compliance requirements at the time of the CCFFH inspection.

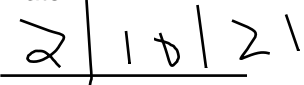
No corrective action required.



Compliance Manager


Primary Care Giver



Date


Date