

Foster Family Home - Deficiency Report

Provider ID: 1-585606

Home Name: Jocelyn Lazo, CNA

Review ID: 1-585606-10

2389 Ahaiki Street

Reviewer: Maribel Nakamine

Pearl City HI 96782

Begin Date: 1/24/2022

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

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

Comment:

6.d.1- Unannounced annual inspection conducted. No deficiencies found.

Maribel Nakamine, RW 1/24/22

Compliance Manager
Jocelyn S. Lazo

Primary Care Giver
Date *1/24/22*
Date