

# Foster Family Home - Deficiency Report

Provider ID: 1-585606

Home Name: Jocelyn Lazo, CNA

Review ID: 1-585606-12

2389 Ahaiki Street

Reviewer: Maribel Nakamine

Pearl City HI 96782

Begin Date: 1/9/2023

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

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

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Comment:

6.d.1- Unannounced visit made for a 3-bed recertification inspection.

CCFFH met all requirements at the time of the inspection. CCFFH will receive a 3-bed certification.

*Maribel Nakamine, RN*

Compliance Manager

*Jocelyn Lazo*

Primary Care Giver

*1/9/23*

Date

*1/9/23*

Date