

# Foster Family Home - Deficiency Report

Provider ID: 1-585606

Home Name: Jocelyn Lazo, CNA

Review ID: 1-585606-14

2389 Ahaiki Street

Reviewer: Deborah Baumgart

Pearl City HI 96782

Begin Date: 2/27/2024

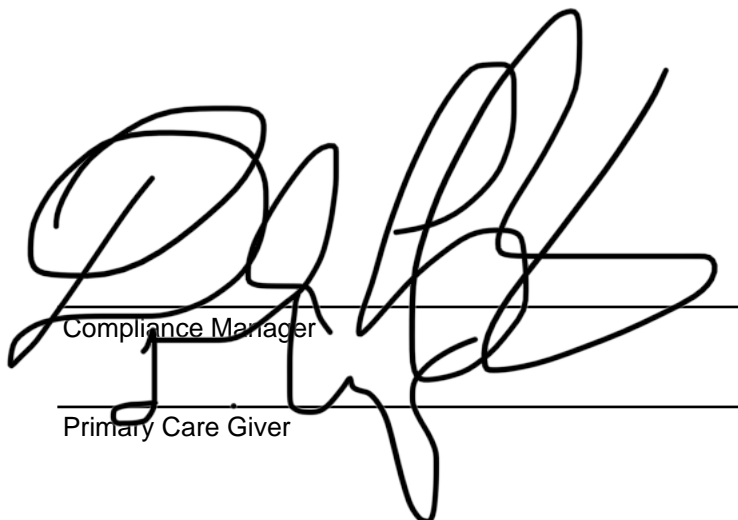
**Foster Family Home**      **Required Certificate**      **[11-800-6]**


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

Comment:

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

CCFFH met all requirements at the time of the inspection.

  
\_\_\_\_\_  
Compliance Manager  
  
\_\_\_\_\_  
Primary Care Giver

  
\_\_\_\_\_  
Date  
  
\_\_\_\_\_  
Date