

Foster Family Home - Corrective Action Report

Provider ID: 1-564452

Home Name: Zenaida Sumagit, CNA

Review ID: 1-564452-4

226 Rose Street #B

Reviewer:

Wahiawa HI 96786

Begin Date: 10/15/2015

End Date: 10/15/15

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment:

Recertification visit on 10/15/15 for 2 client home. No corrective action plan issued during review. Home will receive 2 year recertification

Compliance Manager


Primary Care Giver

Date

10/15/15
Date