

Foster Family Home - Corrective Action Report

Provider ID: 2-510786

Home Name: Jayvie Sumoba, CNA

Review ID: 2-510786-3

15-1535 18th Avenue

Reviewer:

Keaau HI 96749

Begin Date: 9/22/2015

End Date:

9/22/15

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment:

Home visit done on 9/22/15 to survey for recertification. Home in compliance on day of survey. Home is eligible for a two year recertification for three clients.


Compliance Manager


Date

Primary Care Giver

Date