

Foster Family Home - Corrective Action Report

Provider ID: 2-100047

Home Name: Sosima Sonson, CNA

Review ID: 2-100047-2

74-5038 Huaala Street

Reviewer:

Kailua-Kona HI 96740

Begin Date: 4/17/2015

End Date: 4/17/15

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment:

Home visit made on 4/17/15 to survey for recertification. Home in compliance on day of review. Home to be recertified for three clients for two years.

Compliance Manager

Date

Primary Care Giver

Date