

Foster Family Home - Corrective Action Report

Provider ID: 2-559198

Home Name: Joel Solmerin, CNA

Review ID: 2-559198-4

1700 Keone Street

Reviewer:

Hilo

HI 96720

Begin Date: 11/10/2015

End Date:

11/10/15

Foster Family Home

Required Certificate

[17-1454-6]

6.(d)(1)

Comply with all applicable requirements in this chapter, and

Comment:

Survey performed on 11/10/15 for recertification. Home in compliance on day of survey. Home to be recertified for one year for three clients.

Compliance Manager

Date

Primary Care Giver

Date