

# Foster Family Home - Corrective Action Report

Provider ID: 2-596471

Home Name: Royal Solmerin, CNA      Review ID: 2-596471-3

27-2748 Mamalahoa Highway      Reviewer: -

Pepeekeo      HI      96783      Begin Date: 3/24/2015      End Date: 3/24/15

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 3/24/15 to survey for recertification. Home in compliance on day of review. Home is eligible for a two year recertification for two clients.

\_\_\_\_\_  
Compliance Manager

\_\_\_\_\_  
Date

\_\_\_\_\_  
Primary Care Giver

\_\_\_\_\_  
Date