

Foster Family Home - Corrective Action Report

Provider ID: 3-560038

Home Name: Jocelyn Rosabla, CNA

Review ID: 3-560038-4

75-5787 Kalala Place

Reviewer:

Kailua-Kona

HI 96740

Begin Date: 7/14/2016

End Date: 7/14/16

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment:

Survey performed to recertify three client home. Home in compliance on day of survey. Corrective Action Report issued with no plan of correction due to CTA.

Compliance Manager

Primary Care Giver

Date

Date