

Foster Family Home - Corrective Action Report

Provider ID: 2-160051

Home Name: Joenelyn Solmerin, CNA
16-1366y 36th Ave

Review ID: 2-160051-1

Reviewer:

Keaau HI 96749

Begin Date: 7/13/2016

End Date: 7/13/16

Foster Family Home Required Certificate [17-1454-6]

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

Comment

Survey performed to certify new two client home. Home in compliance on day of survey. Corrective Action Report issued with no plan of correction due to CTA. Home will be certified for two clients for one year.

Compliance Manager

J. Solmerin

Primary Care Giver

7-13-16
Date

7/15/16
Date