

# Foster Family Home - Corrective Action Report

Provider ID: 2-160051

Home Name: Joenalyn Solmerin, CNA

Review ID: 2-160051-2

16-1366 36th Ave

Reviewer: [REDACTED]

Keaau HI 96749

Begin Date: 5/24/2017

End Date: 5/30/17

Foster Family Home

Required Certificate

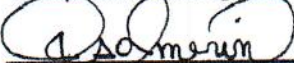
[17-1454-6]

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

Comment:

Home visit survey performed to recertify two client home. Home in compliance on day of survey. Corrective Action Report issued with no plan of correction due to CTA. Home is eligible for a two year recertification for two clients.

Compliance Manager

  
Primary Care Giver

Date

5/26/17

Date