

Foster Family Home - Corrective Action Report

Provider ID: 2-596471

Home Name: Royal Solmerin, CNA

Review ID: 2-596471-4

27-2748 Mamalahoa Highway

Reviewer: [REDACTED]

Pepeekeo HI 96783

Begin Date: 4/26/2017

End Date: 5-11-17

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

ROYAL R. SOLMERIN *Royal Solmerin*

Primary Care Giver

Date

4-30-17

Date