

Foster Family Home - Corrective Action Report

Provider ID: 2-100047

Home Name: Sosima Sonson, CNA

4-5038 Huaala Street

Kailua-Kona HI 96740

Review ID: 2-100047-3

Reviewer: Carol Copeland

Begin Date: 5/10/2017

End Date: 5-12-17

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment:

Home visit 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. Home is eligible for a two year recertification for three clients.

Compliance Manager

Primary Care Giver

Date

Date

5/11/2017

5/11/2017 14:28 PM