

# Foster Family Home - Corrective Action Report

Provider ID: 2-510786

Home Name: Jayvie Sumoba, CNA

Review ID: 2-510786-4

15-1535 18th Avenue

Reviewer: Carol Copeland

Keaau HI 96749

Begin Date: 9/27/2017

End Date: 9/28/17

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment:

Home survey visit 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.

Carol Copeland RN MSN  
Compliance Manager

Jayvie Sumoba  
Primary Care Giver

9/27/17  
Date

9/27/17  
Date