

Foster Family Home - Corrective Action Report

Provider ID: 2-160051

Home Name: Joenelyn Solmerin, CNA

Review ID: 2-160051-3

16-1366 36th Ave

Reviewer: Carol Copeland

Keaau

HI 96749

Begin Date: 1/3/2018

End Date: 1-18-18

Foster Family Home

Required Certificate

[17-1454-6]

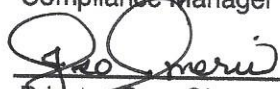
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home visit survey performed to certify home for three clients, changing from two clients. Home in compliance on day of survey. Home is eligible for a one year certification for three clients.



Compliance Manager



Primary Care Giver

1-3-18

Date

1/3/18

Date