

# Foster Family Home - Corrective Action Report

Provider ID: 3-560038

Home Name: Jocelyn Rosabia, CNA

Review ID: 3-560038-5

15-5787 Kalala Place

Reviewer: Carol Copeland

Hailua-Kona HI 96740

Begin Date: 7/27/2018

End Date: 7-30-18

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment:

3.(d)(1) 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.

Carol Copeland MSW  
Compliance Manager

Juelyn  
Primary Care Giver

7-27-18  
Date

7/27/18  
Date