

# Foster Family Home - Corrective Action Report

Provider ID: 1-120074

Home Name: Jovelyn Sumaoang, CNA

Review ID: 1-120074-9

2256 Akeukeu Street

Reviewer: David Ayling

Pearl City HI 96782

Begin Date: 1/22/2019


**Foster Family Home Required Certificate [11-800-6]**

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


Comment:

Home visit for a 3 person CCFFH recertification review made on 1/22/19.

6.(d)(1) - Home in compliance with all requirements. Home will receive a 3 bed certification.

  
Compliance Manager

1/22/19  
Date

  
Primary Care Giver

1/22/19  
Date