

# Foster Family Home - Corrective Action Report

Provider ID: 2-510786

Home Name: Jayvie Sumoba, CNA

Review ID: 2-510786-8

15-1535 18th Avenue

Reviewer: Jackie Chamberlain

Keaau HI 96749

Begin Date: 8/12/2020

Foster Family Home

Required Certificate

[11-800-6]

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

Comment:

6(d)(1) Home inspection made for a 3 bed annual inspection. Home met all compliance requirements at the time of the home inspection. No corrective action required

Jackie Chamberlain RN  
Compliance Manager

Jayvie Sumoba  
Primary Care Giver

8/11/2020  
Date

8/11/2020  
Date