

Foster Family Home - Corrective Action Report

Provider ID: 3-560038

Home Name: Jocelyn Rosabia, CNA

Review ID: 3-560038-8

75-5787 Kalala Place

Reviewer: Terri Van Houten

Kailua-Kona HI 96740

Begin Date: 7/29/2020

Foster Family Home


Required Certificate

[11-800-6]

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

Comment:

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


Compliance Manager


Primary Care Giver

7/29/2020
Date

7/29/2020
Date