

Foster Family Home - Deficiency Report

Provider ID: 2-100047

Home Name: Sosima Sonson, CNA

Review ID: 2-100047-10

74-5038 Huaala Street

Reviewer: David Ayling

Kailua-Kona HI 96740

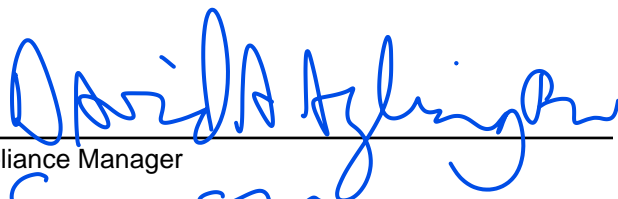
Begin Date: 4/6/2022

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 for a 3 person CCFFH recertification. All requirements were met at the time of inspection. Home will receive a 3-bed certificate.



Compliance Manager



Primary Care Giver

4/6/2022
Date
4/6/2022
Date