

Foster Family Home - Deficiency Report

Provider ID: 2-100047

Home Name: Sosima Sonson, CNA

Review ID: 2-100047-12

74-5038 Huaala Street

Reviewer: David Ayling

Kailua-Kona HI 96740

Begin Date: 2/21/2023

Foster Family Home

Required Certificate

[11-800-6]

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

Comment:

6.(d)(1) - Annual unannounced inspection made today. Completed annual review. No deficiencies.

Compliance Manager

Primary Care Giver

Date

Date