

# Foster Family Home - Corrective Action Report

Provider ID: 4-110055

Home Name: Jasmine Rivera, CNA

489 Kopaa Place

Wailuku HI 96793

Review ID: 4-110055-5

Reviewer: [REDACTED]

Begin Date: 8/27/2015

End Date: 8/27/15

Foster Family Home Required Certificate [17-1454-6]

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

Comment:

Home visit on 8/27/15 for recertification of 2 bed home. All requirements met at time of review. Home is eligible for 2year 2 bed certification.

[REDACTED]  
Compliance Manager

Date

[Signature]  
Primary Care Giver

8/27/15  
Date