

Foster Family Home - Corrective Action Report

Provider ID: 1-525214

Home Name: Rosario Nivera, RN

920 Laki Road

Honolulu

HI 96817

Review ID: 1-525214-3

Reviewer: [REDACTED]

Begin Date: 9/9/2015

End Date: 9/9/15

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment:

Home visit for a 3 person recertification review made on 9/9/15.
Home is in compliance with all requirements. Home will receive a 2 year 3 bed certification.

Rosario Nivera

Primary Care Giver,

[REDACTED] *RN*
COMPLIANCE MANAGER

9/9/15

Date

9/9/15

9/9/2015 15:51 PM

DATE