

# Foster Family Home - Corrective Action Report

Provider ID: 1-110051

Home Name: Emily Rivera, CNA

Review ID: 1-110051-7

1917 Hanu Lane

Reviewer:

Honolulu HI 96819

Begin Date: 6/17/2015

End Date: 6/17/15

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 6/17/15.  
Home is in compliance with all requirements. Home will receive  
a 2 year 3 bed certification.

\_\_\_\_\_  
Compliance Manager

*Emily F. Rivera*  
\_\_\_\_\_  
Primary Care Giver

*RW*

\_\_\_\_\_  
Date

*6/17/15*

\_\_\_\_\_  
Date