

Foster Family Home - Corrective Action Report

Provider ID: 2-509705

Home Name: Julita Rivera, CNA

Review ID: 2-509705-2

812 Iolani Street

Reviewer:

Hilo HI 96720

Begin Date: 4/28/2015

End Date:

4/28/15

Foster Family Home Required Certificate

[17-1454-6]

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

Comment:

Home visit made on 4/28/15 to survey for recertification and change to three clients. Home in compliance on day of survey. Home to be recertified for three clients for one year.

Compliance Manager

Date

Primary Care Giver

Date