

Foster Family Home - Corrective Action Report

Provider ID: 2-509705

Home Name: Julita Rivera, CNA

Review ID: 2-509705-3

812 Iolani Street

Reviewer:

Hilo HI 96720

Begin Date: 5/4/2016

End Date: 5/4/16

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

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

Comment:

Survey performed to recertify three client home. Home in compliance on day of survey. Corrective Action Report issued with no plan of correction due to CTA. Home will be recertified for two years for three clients.

Compliance Manager

Julita Rivera

Primary Care Giver

5-4-16
Date

5/4/16
Date