

# Foster Family Home - Corrective Action Report

Provider ID: 1-110051

Home Name: Emily Rivera, CNA

Review ID: 1-110051-8

1917 Hanu Lane

Reviewer: Carrie Wakai

Honolulu HI 96819

Begin Date: 10/3/2107

End Date: 10/3/2017

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment:

6.d.1-Home visit made for a new 2 bed CCFFH certification survey. Home was in compliance with all requirements. Home will receive a 1 year 2 bed certificate.

Carrie Wakai  
Compliance Manager

Emily F. Rivera  
Primary Care Giver

10/3/2017  
Date

10/3/2017  
Date