

Foster Family Home - Corrective Action Report

Provider ID: 2-509705

Home Name: Julita Rivera, CNA

812 Iolani Street

Hilo HI 96720

Review ID: 2-509705-4

Reviewer: Carol Copeland

Begin Date: 4/26/2018

End Date: 5/9/18

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 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.

Carol Copeland
Compliance Manager

5/8/18
Date

Julita Rivera
Primary Care Giver

5/8/18
Date