

Foster Family Home - Corrective Action Report

Provider ID: 1-170050

Home Name: Antonio Rivera Jr, NA

1917 B Hanu Lane

Honolulu

HI 96819

Review ID: 1-170050-2

Reviewer: David Ayling

Begin Date: 7/19/2018

End Date: 7/19/18

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 2 person CCFFH recertification review made on 7/19/18.

6.(d)(1) - Home in compliance with all requirements. Home will receive a 1 year 2 bed certification. PCG requests a 1 year certification. Wants to become a 3 client CCFFH, but not qualified at this time.

Compliance Manager

Primary Care Giver

Date

Date