

Foster Family Home - Corrective Action Report

Provider ID: 1-110051

Home Name: Emily Rivera, CNA

Review ID: 1-110051-9

1917 Hanu Lane

Reviewer: David Ayling

Honolulu HI 96819

Begin Date: 8/31/2018

End Date: 8/31/18

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 8/31/18. PCG requests to increase to a 3 client CCFFH.
6.(d)(1) - Home in compliance with all requirements. Home will receive a 1 year 3 bed certification.

David Ayling
Compliance Manager

Emily P. Rivera
Primary Care Giver

8/31/18
Date

8/31/18
Date