

Foster Family Home - Corrective Action Report

Provider ID: 5-160019

Home Name: Annette Rivera, CNA

Review ID: 5-160019-6

5362 Olopuu Street

Reviewer: Terri Van Houten

Kapa'a

HI 96746

Begin Date: 7/13/2020

Foster Family Home

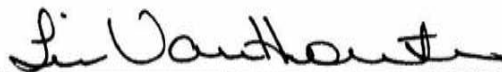
Required Certificate

[11-800-6]

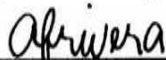
6.(d)(1) Comply with all applicable requirements in this chapter, and

Comment:

6.(d)(1) – Unannounced annual home inspection made for a 3 bed CCFFH. Home met all compliance requirements at the time of the inspection. No corrective action required.



Compliance Manager



Primary Care Giver

7/13/20

Date

7-13-20

Date