

Foster Family Home - Corrective Action Report

Provider ID: 4-110055

Home Name: Jasmine Rivera, NA

Review ID: 4-110055-9

489 Kopaa Place

Reviewer: Terri Van Houten

Wailuku

HI 96793

Begin Date: 8/5/2020

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 home inspection made for a 2 bed CCFFH recertification. Home met all compliance requirements at the time of the inspection. No corrective action required.


Compliance Manager


Primary Care Giver

8/5/2020
Date

8/5/2020
Date