

# Foster Family Home - Deficiency Report

Provider ID: 1-160086

Home Name: Kresta Jonadel Rivalal, NA

Review ID: 1-160086-7

91-1093 Kauiki Street

Reviewer: Jackie Chamberlain

Ewa Beach HI 96706

Begin Date: 9/22/2021


**Foster Family Home**      **Required Certificate**      **[11-800-6]**

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

Comment:

6(d)(1) CCFFH inspection made for a 2 bed annual inspection. CCFFH met all compliance requirements at the time of the CCFFH inspection. No corrective action required

  
\_\_\_\_\_  
Compliance Manager

  
\_\_\_\_\_  
Primary Care Giver

9/22/21  
\_\_\_\_\_  
Date  
9/22/21  
\_\_\_\_\_  
Date