

Foster Family Home - Deficiency Report

Provider ID: 2-509705

Home Name: Julita Rivera, CNA

Review ID: 2-509705-10

812 Iolani Street

Reviewer: David Ayling

Hilo HI 96720


Begin Date: 3/23/2022

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

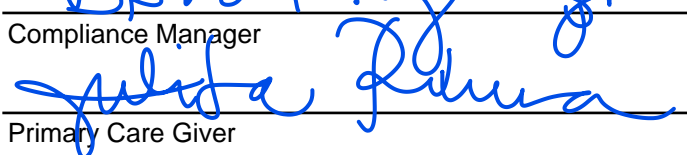
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:


6.(d)(1) - Home inspection for a 3 person CCFFH recertification. All requirements were met at the time of inspection. Home will receive a 3-bed certification




Compliance Manager



Primary Care Giver



Date



Date