

Foster Family Home - Deficiency Report

Provider ID: 2-509705

Home Name: Julita Rivera, CNA

Review ID: 2-509705-12

812 Iolani Street

Reviewer: David Ayling

Hilo HI 96720

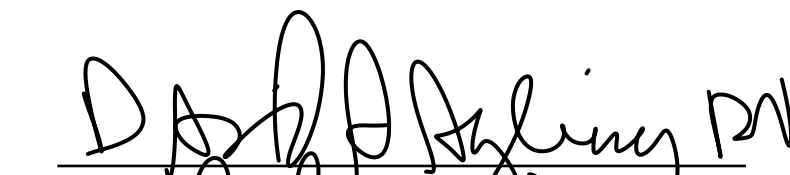
Begin Date: 3/17/2023

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


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

Comment:

6.(d)(1) - Annual unannounced inspection made today. Completed annual review. No deficiencies.



Compliance Manager 3/14/2023
Date



Primary Care Giver 3/14/23
Date