

# Foster Family Home - Deficiency Report

Provider ID: 1-230025

Home Name: Ruel V. Rivala, CNA

Review ID: 1-230025-1

91-1093 Kauiki Street

Reviewer: David Ayling

Ewa Beach HI 96706

Begin Date: 4/28/2023

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

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

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Comment:

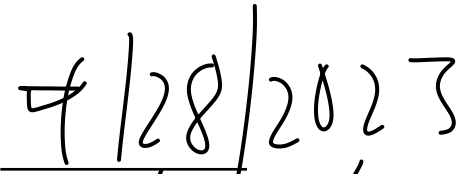
6.(d)(1) - Home inspection for a new 2 person CCFFH certification. All requirements were met at the time of inspection. Home will receive a 2-bed certification.



Compliance Manager



Primary Care Giver



Date



Date