

# Foster Family Home - Deficiency Report

Provider ID: 4-110055

Home Name: Jasmine Rivera, NA

Review ID: 4-110055-15

489 Kopaa Place

Reviewer: Terri Van Houten

Wailuku HI 96793

Begin Date: 6/13/2023


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

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

Comment:

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

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

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

6/13/23  
\_\_\_\_\_  
Date

6/13/23  
\_\_\_\_\_  
Date