

Foster Family Home - Deficiency Report

Provider ID: 2-509705

Home Name: Julita Rivera, CNA

Review ID: 2-509705-14

812 Iolani Street

Reviewer: David Ayling

Hilo HI 96720


Begin Date: 3/13/2024

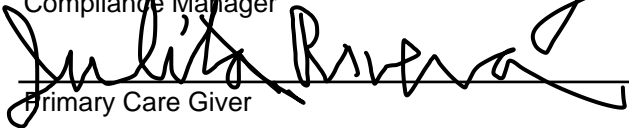
Foster Family Home **Required Certificate** **[11-800-6]**

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 Date 3/13/2024


Primary Care Giver Date 3-13-2024