

# Foster Family Home - Deficiency Report

Provider ID: 5-160019

Home Name: Annette Rivera, CNA

Review ID: 5-160019-13

5362 Olopuu Street

Reviewer: Maribel Nakamine

Kapa'a HI 96746

Begin Date: 5/7/2024


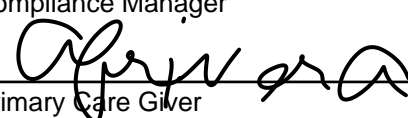
**Foster Family Home**      **Required Certificate**      **[11-800-6]**


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

-----  
Comment:

6.d.1- Unannounced visit made for a 3-bed recertification inspection.

CCFFH met all requirements at the time of inspection.

  
\_\_\_\_\_  
Compliance Manager  
  
\_\_\_\_\_  
Primary Care Giver

 RW 5/7/24  
\_\_\_\_\_  
Date  
5/7/24  
\_\_\_\_\_  
Date