

Foster Family Home - Corrective Action Report

Provider ID: 1-560426

Home Name: Fe Manera, CNA

94-1062 Lumikula Street

Waipahu HI 96797

Review ID: 1-560426-4

Reviewer: [REDACTED]

Begin Date: 5/13/2015

End Date: 5/13/15

Foster Family Home Required Certificate [17-1454-6]

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

Comment:

Home visit 5/13/15 for recertification of 2 bed home changing to 3 bed. All requirements met at time of visit.

[REDACTED] Ren MSN
Compliance Manager

5/13/15
Date

Fe A. Manera
Primary Care Giver

5/13/15
Date