

# Foster Family Home - Corrective Action Report

Provider ID: 1-100036

Home Name: Ederlina Manzano, CNA

Review ID: 1-100036-4

1707 Kamehameha IV Rd.

Reviewer:

Honolulu HI 96819

Begin Date: 2/1/2016

End Date: 2/1/16

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment:

Home visit for a 3 person recertification review made on 2/1/16.  
Home is in compliance with all requirements. Home will receive a 2 year 3 bed certification.

Compliance Manager

[Redacted Signature]

Primary Care Giver

Date

2/1/16

Date