

# Foster Family Home - Corrective Action Report

Provider ID: 1-560426

Home Name: Fe Manera, CNA

Review ID: 1-560426-5

94-1062 Lumikula Street

Reviewer:

Waipahu

HI 96797

Begin Date: 2/18/2016

End Date: 3/04/16

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment:

Recertification appointment on 2/18/16 for 3 client CCFFH. No corrective action plan issued during review.

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

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

2/18/16  
Date

02-18-16  
Date