

Foster Family Home - Corrective Action Report

Provider ID: 1-000072

Home Name: Arlene Manuel, CNA

Review ID: 1-000072-4

1585 Laulani Street

Reviewer:

Honolulu

HI 96819

Begin Date: 5/17/2015

End Date: 5/17/16

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment:

Home visit [REDACTED] for recertification of 2 bed home. All requirements met at time of review. Home is eligible for 2 year 2 bed certificate.