

Foster Family Home - Corrective Action Report

Provider ID: 1-150008

Home Name: Manelyn S. Higa, CNA

Review ID: 1-150008-3

2516 Rose Street

Reviewer:

Honolulu HI 96819

Begin Date: 5/6/2016

End Date:

5/6/16

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment:

Home visit [REDACTED] to recertify 2 bed home changing to 3 bed home.
All requirements met at time of review. Eligible for 1 year 3 bed certificate.