

# Foster Family Home - Corrective Action Report

**Provider ID:** 1-150008

**Home Name:** Manelyn S. Higa, CNA

**Review ID:** 1-150008-1

2516 Rose Street

Reviewer: -

Honolulu HI 96819

Begin Date: 3/9/2015

End Date: 3/9/15

**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 2 person recertification review made on 3/9/15.  
Home is in compliance with all requirements. Home will receive  
a 1 year 2 bed certification.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date