

# Foster Family Home - Corrective Action Report

Provider ID: 1-527872

Home Name: Marlon Manuel, CNA

Review ID: 1-527872-6

94-1114-B Lumikuke Place

Reviewer:

Waipahu HI 96797

Begin Date: 11/30/2016

End Date: 11/30/16

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 CCFH recertification review made on 11/30/2016. Home is in compliance with all requirements. Home will receive a 2 year 3 bed certification.

Compliance Manager

Primary Care Giver

Date

Date