

Foster Family Home - Corrective Action Report

Provider ID: 1-090080

Home Name: Marites Manayan, NA

Review ID: 1-090080-4

91-1082 Kauld Street

Reviewer: David Ayling

Ewa Beach HI 96706

Begin Date: 6/20/2017

End Date: 8/27/17

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 CCFFH recertification review made on 6/20/17. Home in compliance with all requirements. Home will receive a 2 year 2 bed certification.

David Ayling
Compliance Manager

Marites Manayan
Primary Care Giver

8/27/17
Date

8-27-17
Date