

Foster Family Home - Corrective Action Report

Provider ID: 1-560301

Home Name: Remedios Manuel, CNA

Review ID: 1-560301-6

94-450 Hamau Street

Reviewer: Carrie Wakai

Waipahu HI 96797

Begin Date: 5/16/2018

End Date: 5/16/2018

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment:

6.d.1-Home visit made for a 3 client CCFFH recertification survey. Home is in compliance with all requirements.

Carrie Wakai RN

Compliance Manager

Remedios Manuel

Primary Care Giver

5-16-18

Date

5/16/18

Date