

# Foster Family Home - Corrective Action Report

Provider ID: 1-120035

Home Name: Romina Manaois, NA

91-803 Apoke Place

Ewa Beach

HI 96706

Review ID: 1-120035-7

Reviewer: David Ayling

Begin Date: 5/22/2018

End Date: 5/22/18

Foster Family Home

Required Certificate

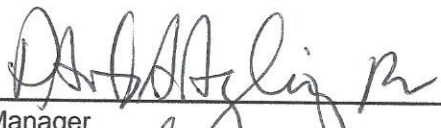
[17-1454-6]

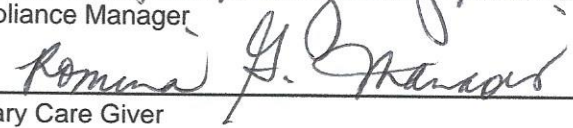
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home visit for a 2 person CCFFH recertification review made on 5/22/18.

6.(d)(1) - Home in compliance with all requirements. Home will receive a 2 year 2 bed certification.

  
Compliance Manager

  
Primary Care Giver

  
Date

  
Date