

Foster Family Home - Corrective Action Report

Provider ID: 1-527872

Home Name: Marlon Manuel, CNA

Review ID: 1-527872-7

94-1114-B Lumikuke Place

Reviewer: Angelica Galindo

Waipahu HI 96797

Begin Date: 11/26/2018

End Date: 11/26/18

Foster Family Home

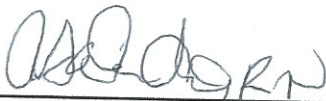
Required Certificate

[17-1454-6]

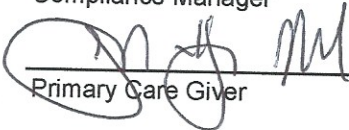
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

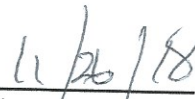
Home visit for a 3 person CCFFH recertification review made on 11/26/18. Home is in compliance with all requirements.



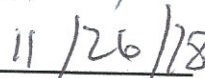
Compliance Manager



Primary Care Giver



Date



Date