

# Foster Family Home - Corrective Action Report

Provider ID: 1-110004

Home Name: Maricel Manuel, CNA

Review ID: 1-110004-2

94-736 Kaaka Street

Reviewer: Angelica Galindo

Waipahu HI 96797

Begin Date: 12/7/2018

End Date:

12/07/18

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 12/07/18.  
6.(d)(1) - Home in compliance with all requirements

Angelica Galindo, RN  
Compliance Manager

Maricel Manuel  
Primary Care Giver

12/07/18  
Date

12/07/18  
Date