

Foster Family Home - Corrective Action Report

Provider ID: 1-190014

Home Name: Norma Bajet Manzano, CNA

Review ID: 1-190014-2

404 Malamalama Street

Reviewer: Angel England

Kapolei HI 96707

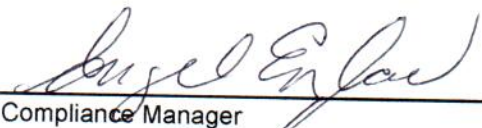
Begin Date: 4/17/2019

Foster Family Home **Required Certificate** **[11-800-6]**

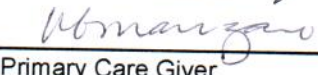
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.d.1 Home inspection survey performed for a 2 bed new home application. Home is in compliance with all regulations at the time of the home inspection.



Compliance Manager



Primary Care Giver



Date

4-17-19

Date