

Foster Family Home - Corrective Action Report

Provider ID: 1-180031

Home Name: Clarita Manzano, NA

Review ID: 1-180031-3

3080 Kalihi Street

Reviewer: Pamela Perry

Honolulu HI 96819

Begin Date: 6/2/2020


Foster Family Home Required Certificate

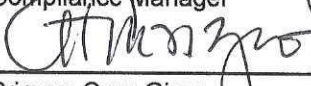
[11-800-6]

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

Comment:

6.(d)(1)- Visit made on 6/2/2020 for 2bed recertification. Home in compliance with all requirements. Home will receive a 2 bed Certification.



Compliance Manager


Primary Care Giver

6/2/20
Date
6/02/20
Date