

Foster Family Home - Corrective Action Report

Provider ID: 1-180031

Home Name: Clarita Manzano, NA

Review ID: 1-180031-5

3080 Kalihi Street

Reviewer: David Ayling

Honolulu

HI 96819

Begin Date: 5/14/2021

Foster Family Home

Required Certificate

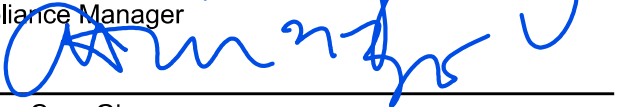
[11-800-6]

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

Comment:

6.(d)(1) - Annual unannounced inspection for a 2 person CCFFH. All requirements were met at the time of inspection.


Compliance Manager


Primary Care Giver

5/14/2021
Date

5/14/2021
Date