

Foster Family Home - Corrective Action Report

Provider ID: 1-150008

Home Name: Manelyn S. Higa, CNA

Review ID: 1-150008-9

2255 Hiu Street

Reviewer: Maribel Nakamine

Honolulu HI 96819

Begin Date: 2/8/2021

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

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

Comment:

Recertification inspection for a 3 person CCFFH completed.

Home is in compliance with all requirements. Home will receive a 3 bed certification.

Maribel Nakamine, RN 2/8/2021

Compliance Manager

Date

M. Higa

Primary Care Giver

2/8/2021

Date