

Foster Family Home - Corrective Action Report

Provider ID: 1-560301

Home Name: Remedios Manuel, CNA

94-450 Hamau Street

Waipahu

HI 96797

Review ID: 1-560301-9

Reviewer: David Ayling

Begin Date: 6/23/2021

Foster Family Home


Required Certificate

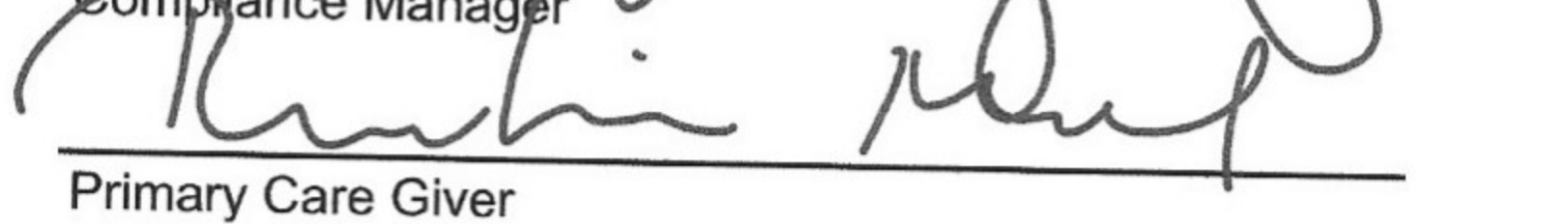
[11-800-6]

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

Comment:

6.d.1 Annual unannounced inspection made today. Completed annual review. No deficiencies.


Compliance Manager


Primary Care Giver

6/23/2021
Date

6/23/2021
Date