

# Foster Family Home - Deficiency Report

Provider ID: 1-180088

Home Name: Jenevallen Manera, NA

Review ID: 1-180088-7

94-369 Kahuanani Street

Reviewer: David Ayling

Waipahu HI 96797

Begin Date: 10/18/2021

Foster Family Home

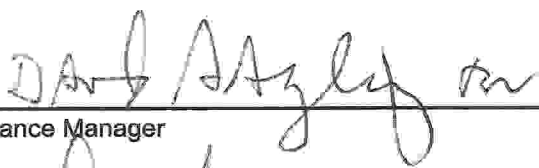
Required Certificate

[11-800-6]

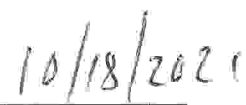
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

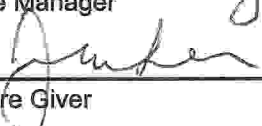
6.(d)(1) - Home inspection for a 2 person CCFFH recertification. All requirements were met at the time of inspection. Home will receive a 2 bed certification.



Compliance Manager



Date



Primary Care Giver



Date