

Foster Family Home - Deficiency Report

Provider ID: 1-527872

Home Name: Marlon Manuel, CNA

Review ID: 1-527872-11

94-1114-B Lumikuke Place

Reviewer: Jackie Chamberlain

Waipahu HI 96797

Begin Date: 11/1/2021

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

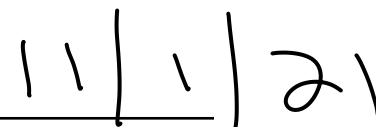
6.(d)(1) Comply with all applicable requirements in this chapter; and

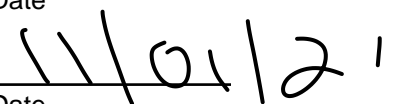
Comment:

6(d)(1) CCFFH inspection made for a 3 bed annual inspection. CCFFH met all compliance requirements at the time of the CCFFH inspection. No corrective action required.


Compliance Manager


Primary Care Giver


Date


Date