

# Foster Family Home - Deficiency Report

Provider ID: 1-100043

Home Name: Concepcion Manog, CNA

Review ID: 1-100043-10

1921 Ulana Place

Reviewer: Adrienne Kolo

Honolulu

HI 96819

Begin Date: 2/25/2022

Foster Family Home

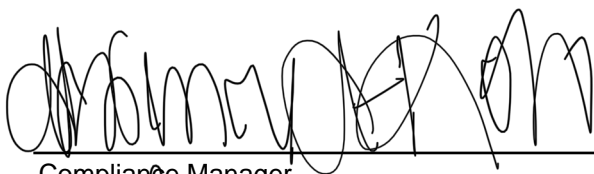
Required Certificate

[11-800-6]

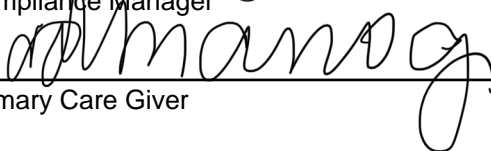
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

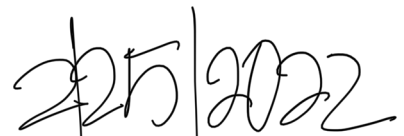
6.(d)(1) - Home inspection for a 2 person CCFFH recertification. All requirements were met at the time of inspection. Home will receive a 2-bed certification.



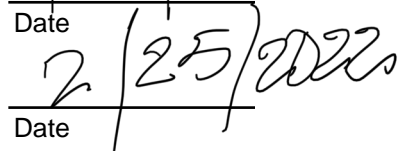
Compliance Manager



Primary Care Giver



Date



Date