

# Foster Family Home - Deficiency Report

Provider ID: 1-100036

Home Name: Ederlina Manzano, CNA

Review ID: 1-100036-11

1707 Kamehameha IV Road

Reviewer: David Ayling

Honolulu

HI 96819

Begin Date: 2/8/2022

Foster Family Home

Required Certificate

[11-800-6]

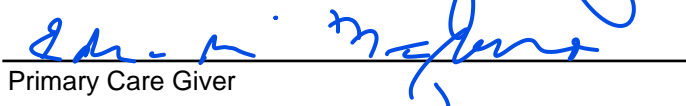
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

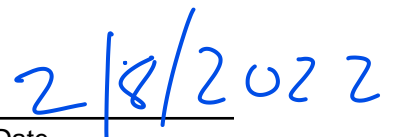
6.(d)(1) - Home inspection for a 3 person CCFFH recertification. All requirements were met at the time of inspection. Home will receive a 3-bed certification.




Compliance Manager



Primary Care Giver



Date



Date