

Foster Family Home - Deficiency Report

Provider ID: 1-210019

Home Name: Edielyn Manzano, CNA

Review ID: 1-210019-3

94-1348-A Waipahu Street

Reviewer: David Ayling

Waipahu HI 96797


Begin Date: 12/22/2021

| Foster Family Home | Required Certificate | [11-800-6] |
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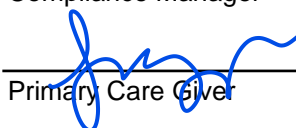
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

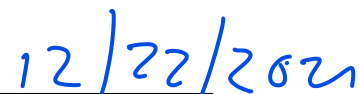
6.(d)(1) - Home inspection for a 2 person CCFFH recertification. All requirements were met at the time of inspection. Home will receive a 2-bed certification.



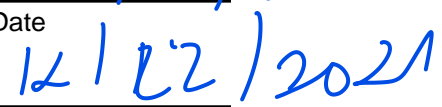
Compliance Manager



Primary Care Giver



Date



Date