

# Foster Family Home - Deficiency Report

Provider ID: 1-150008

Home Name: Manelyn S. Higa, CNA

Review ID: 1-150008-11

2255 Hiu Street

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 Annual unannounced inspection made today. Completed annual review. No deficiencies.

  
Compliance Manager

2/8/2022  
Date

  
Primary Care Giver

2/8/22  
Date