

# Foster Family Home - Deficiency Report

Provider ID: 1-180031

Home Name: Clarita Manzano, NA

Review ID: 1-180031-7

3080 Kalihi Street

Reviewer: Po Lim

Honolulu HI 96819



Begin Date: 5/6/2022

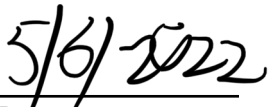
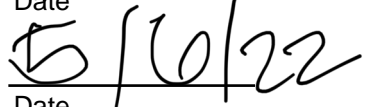
**Foster Family Home**      **Required Certificate**      **[11-800-6]**

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

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Comment:

6(d)(1) Unannounced recertification or annual inspection made for a 2-bed recertification. CCFFH met all compliance requirements at the time of the inspection. No corrective action required.

  
\_\_\_\_\_  
Compliance Manager  
  
\_\_\_\_\_  
Primary Care Giver

  
\_\_\_\_\_  
Date  
  
\_\_\_\_\_  
Date