

# Foster Family Home - Deficiency Report

Provider ID: 1-220057

Home Name: Katrina Zairra Manuel, CNA

Review ID: 1-220057-1

94-242 Pupukoa Street

Reviewer: David Ayling

Waipahu

HI

96797

Begin Date: 8/29/2022

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 new 2 person CCFFH certification. All requirements were met at the time of inspection. Home will receive a 2-bed certification.

  
Compliance Manager

  
Primary Care Giver

  
Date

  
Date