

Foster Family Home - Deficiency Report

Provider ID: 1-190096

Home Name: Dymphna Manayao, CNA

Review ID: 1-190096-7

1542 Iao Lane

Reviewer: Jackie Chamberlain

Honolulu

HI 96817

Begin Date: 9/20/2022

Foster Family Home

Required Certificate

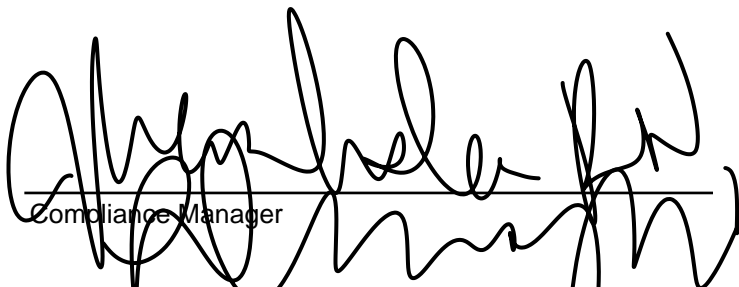
[11-800-6]

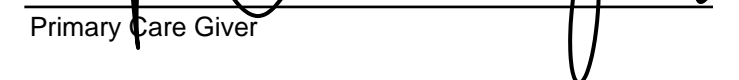
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:


6(d)(1) CCFFH inspection made for a 2 bed re-certification. CCFFH met all compliance requirements at the time of the CCFFH inspection.

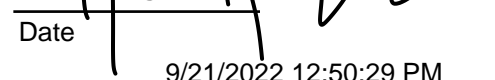
No plan of correction required.



Compliance Manager


Primary Care Giver



Date


Date