

# Foster Family Home - Deficiency Report

Provider ID: 1-210019

Home Name: Edielyn Manzano, CNA

Review ID: 1-210019-5

94-1348-A Waipahu Street

Reviewer: Deborah Baumgart

Waipahu HI 96797

Begin Date: 12/6/2022

**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 annual inspection conducted. No deficiencies found.

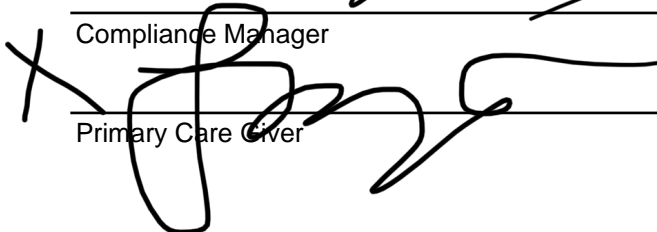
CCFFH is in compliance with all requirements.



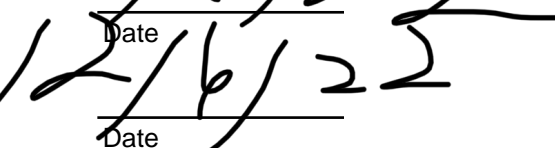
\_\_\_\_\_  
Compliance Manager



\_\_\_\_\_  
Date



\_\_\_\_\_  
Primary Care Giver



\_\_\_\_\_  
Date