

Foster Family Home - Deficiency Report

Provider ID: 1-527872

Home Name: Marlon Manuel, CNA

Review ID: 1-527872-13

94-1114-B Lumikuke Place

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 10/19/2022

Foster Family Home	Required Certificate	[11-800-6]
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6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.d.1- Unannounced recertification inspection conducted.

CCFFH is in compliance with all requirements. CCFFH will receive a 3-bed certification.

 _____ Compliance Manager	 _____ Primary Care Giver	 _____ Date 10/19/22
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