

Foster Family Home - Deficiency Report

Provider ID: 1-100043

Home Name: Concepcion Manog, CNA

Review ID: 1-100043-12

1921 Ulana Place

Reviewer: Deborah Baumgart

Honolulu

HI 96819

Begin Date: 1/27/2023

Foster Family Home

Required Certificate

[11-800-6]

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

Comment:

6.d.1- Unannounced visit made for a 2-bed annual inspection. CCFFH met all requirements at the time of the inspection.

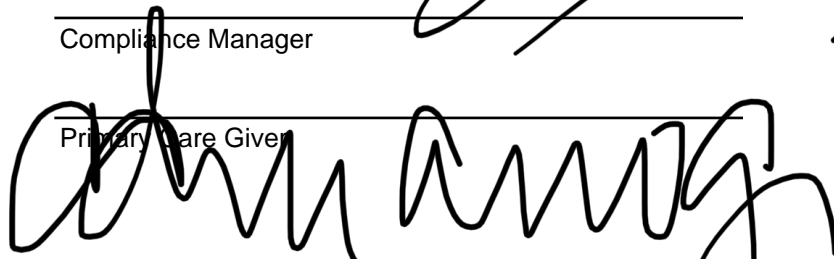


Compliance Manager

1/27/23

Date
1/27/23

Date



Primary Care Giver