

Foster Family Home - Deficiency Report

Provider ID: 1-100036

Home Name: Ederlina Manzano, CNA

Review ID: 1-100036-13

1707 Kamehameha IV Road

Reviewer: Po Lim

Honolulu HI 96819

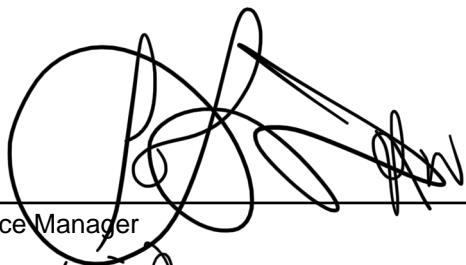
Begin Date: 1/17/2023

Foster Family Home **Required Certificate** **[11-800-6]**

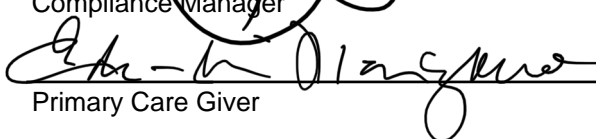
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:


6(d)(1) Unannounced annual inspection made for a 3-bed recertification. CCFFH met all compliance requirements at the time of the inspection. No corrective action required.



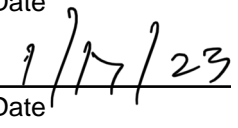
Compliance Manager



Primary Care Giver



Date



Date