

Foster Family Home - Deficiency Report

Provider ID: 1-560426

Home Name: Fe Manera, CNA

Review ID: 1-560426-15

94-1062 Lumikula Street

Reviewer: Deborah Baumgart

Waipahu HI 96797

Begin Date: 1/19/2023

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 3-bed annual inspection. CCFFH met all requirements at the time of the inspection.

PCG requests to increase from a 2 client to a 3 client CCFFH



Compliance Manager

X Fe A. Manera

Primary Care Giver

1/19/23
Date
1/19/23
Date