

Foster Family Home - Deficiency Report

Provider ID: 1-210062

Home Name: Marjaneh Manayan, CNA

Review ID: 1-210062-5

94-1118 Kahuanui Street

Reviewer: Maribel Nakamine

Waipahu

HI

96797

Begin Date: 4/21/2023

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 recertification inspection.

CCFFH met all requirements at the time of the inspection.

Maribel Nakamine, RW 4/21/23

Compliance Manager



Primary Care Giver

4/21/23
Date