

Foster Family Home - Deficiency Report

Provider ID: 1-200026

Home Name: Mary Anne Manibog, RN

Review ID: 1-200026-7

91-1345 Kamahoi Street

Reviewer: Jackie Chamberlain

Ewa Beach HI 96706

Begin Date: 2/13/2022


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

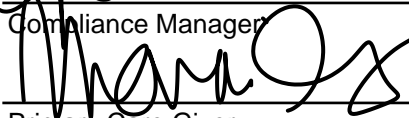
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

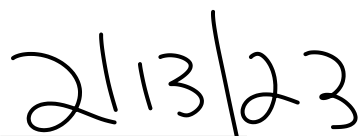
6(d)(1) CCFFH inspection made for a 2 bed re-certification. CCFFH met all compliance requirements at the time of the CCFFH inspection.

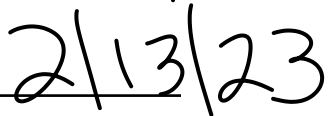
No plan of correction required.
CCFFH application for 3 bed CCFFH approved



Compliance Manager


Primary Care Giver



Date


Date