

Foster Family Home - Deficiency Report

Provider ID: 1-560301

Home Name: Remedios Manuel, CNA

Review ID: 1-560301-13

94-450 Hamau Street

Reviewer: Po Lim

Waipahu HI 96797

Begin Date: 3/6/2023

Foster Family Home	Required Certificate	[11-800-6]
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6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6(d)(1) Unannounced visit made for a 3 bed re-certification inspection.

CCFFH met all requirements at the time of the inspection.

Compliance Manager

Primary Care Giver

Date

Date