

Foster Family Home - Deficiency Report

Provider ID: 1-120035

Home Name: Romina Manaois, NA

Review ID: 1-120035-14

91-803 Apoke Place

Reviewer: Jackie Chamberlain

Ewa Beach HI 96706

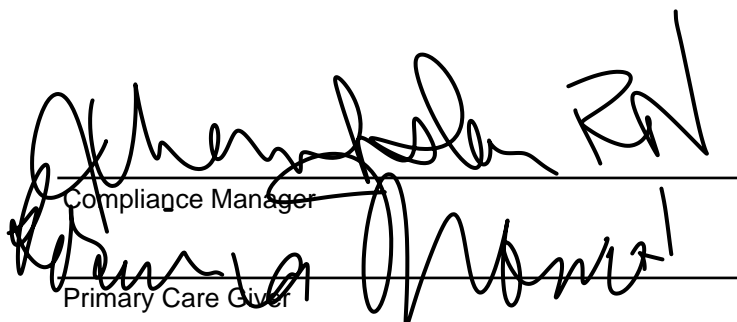
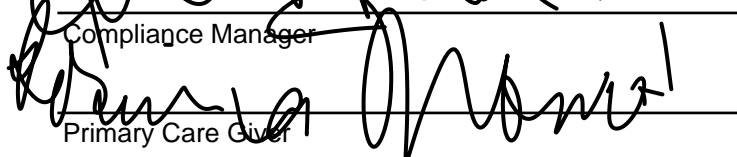
Begin Date: 3/29/2023

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) CCFFH inspection made for a 2 bed annual inspection. CCFFH met all compliance requirements at the time of the CCFFH inspection. No plan of correction required.

 RN
Compliance Manager

Primary Care Giver

3/29/23
Date
3/29/23
Date