

# Foster Family Home - Deficiency Report

Provider ID: 1-230004

Home Name: Shuntle Maneja Visaya, CNA

Review ID: 1-230004-1

91-797C Makule Road

Reviewer: David Ayling

Ewa Beach

HI 96706

Begin Date: 1/23/2023

Foster Family Home


Required Certificate

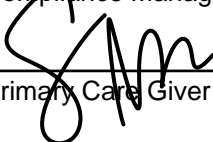
[11-800-6]

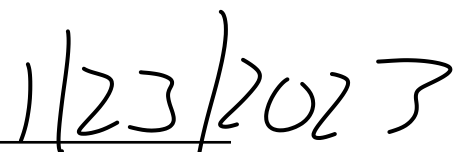
6.(d)(1) Comply with all applicable requirements in this chapter; and

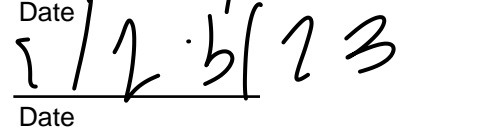
Comment:

6.(d)(1) - Home inspection for a new 2 person CCFFH certification. All requirements were met at the time of inspection. Home will receive a 2-bed certification.

  
\_\_\_\_\_  
Compliance Manager

  
\_\_\_\_\_  
Primary Care Giver

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Date