

Foster Family Home - Deficiency Report

Provider ID: 1-180070

Home Name: Helen Manzana, CNA

Review ID: 1-180070-10

94-691 Ka'aoki Place

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 6/8/2023

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 3-bed annual inspection.

CCFFH met all requirements at the time of inspection.

Maribel Nakamine, RN 6/8/23
Compliance Manager Date

Helen Manzana 6/8/23
Primary Care Giver Date