

Foster Family Home - Deficiency Report

Provider ID: 1-190096

Home Name: Dymphna Manayao, CNA

Review ID: 1-190096-10

2309 Jennie Street

Reviewer: Deborah Baumgart

Honolulu

HI 96819

Begin Date: 9/26/2023

Foster Family Home

Required Certificate


[11-800-6]

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

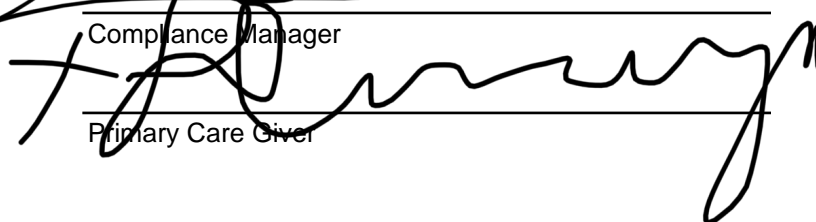
Comment:

6.d.1- Unannounced visit made for a 2-bed annual inspection.


CCFFH met all requirements at the time of the inspection.



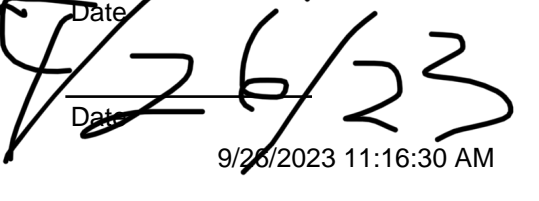
Compliance Manager



Primary Care Giver



Date



Date