

Foster Family Home - Deficiency Report

Provider ID: 1-180088

Home Name: Jenevallen Manera, NA

Review ID: 1-180088-11

94-369 Kahuanani Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 9/6/2023

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 recertification inspection.

CCFFH met all requirements at the time of inspection.



Compliance Manager Date 9/6/23



Primary Care Giver Date 9/6/23