

# Foster Family Home - Deficiency Report

Provider ID: 1-150008

Home Name: Manelyn S. Higa, CNA

Review ID: 1-150008-15

2255 Hiu Street

Reviewer: Maribel Nakamine

Honolulu

HI 96819

Begin Date: 3/27/2024

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*

Compliance Manager

*M. Higa*

Primary Care Giver

*3/27/24*

Date

*3/27/24*

Date