

Foster Family Home - Deficiency Report

Provider ID: 1-180088

Home Name: Jenevallen Manera, NA

Review ID: 1-180088-13

94-369 Kahuanani Street

Reviewer: Deborah Baumgart

Waipahu HI 96797

Begin Date: 8/5/2024

Foster Family Home **Required Certificate** **[11-800-6]**

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

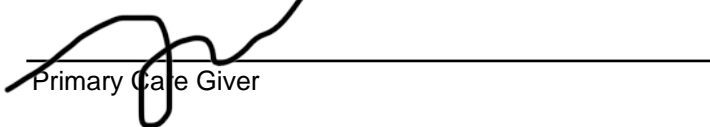
Comment:

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

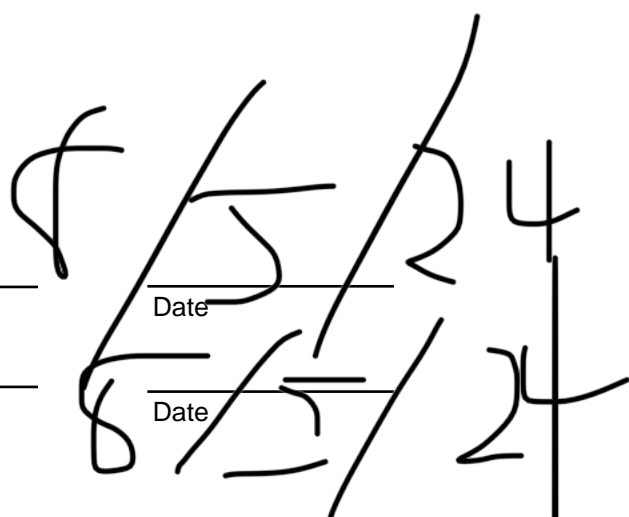
CCFFH met all requirements at the time of the inspection.



Compliance Manager



Primary Care Giver



Date 8/5/24

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