

Foster Family Home - Deficiency Report

Provider ID: 1-527872

Home Name: Marlon Manuel, CNA

Review ID: 1-527872-17

94-1114-B Lumikuke Place

Reviewer: Ryan Nakamura

Waipahu HI 96797

Begin Date: 9/20/2024

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

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

Comment:

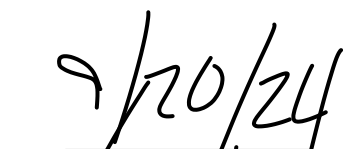
6.(d)(1) – Unannounced CCFFH inspection made for a 3 bed CCFFH recertification. CCFFH met all compliance requirements at the time of the inspection. No corrective action required.

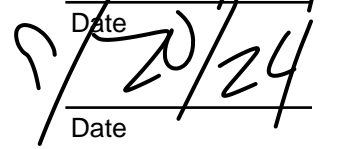


Compliance Manager



Primary Care Giver



Date


Date