

# Foster Family Home - Deficiency Report

Provider ID: 1-240070

Home Name: Vian Jaylie Manayan, RN

Review ID: 1-240070-1

94-1018 Lumialani Street

Reviewer: David Ayling

Waipahu HI 96797

Begin Date: 9/19/2024

Foster Family Home


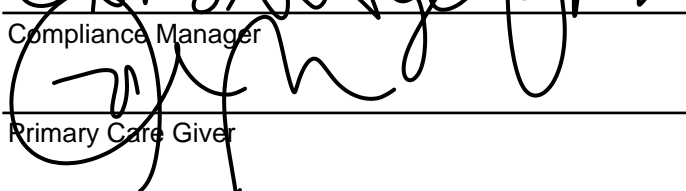
Required Certificate

[11-800-6]

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

Comment:

6.(d)(1) - Home inspection for a new 2 person CCFFH certification. All requirements were met at the time of inspection. Home will receive a 2-bed certification.

  
\_\_\_\_\_  
Compliance Manager  
  
\_\_\_\_\_  
Primary Care Giver

9/19/2024  
\_\_\_\_\_  
Date  
9/19/2024  
\_\_\_\_\_  
Date