

Foster Family Home - Deficiency Report

Provider ID: 1-100043

Home Name: Concepcion Manog, CNA

Review ID: 1-100043-16

1921 Ulana Place

Reviewer: Ryan Nakamura

Honolulu

HI 96819

Begin Date: 1/3/2025

Foster Family Home

Required Certificate

[11-800-6]

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

Comment:

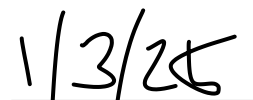
6.(d)(1) – Unannounced CCFFH inspection made for a 2 bed CCFFH recertification. CCFFH met all compliance requirements at the time of the inspection. No corrective action required.



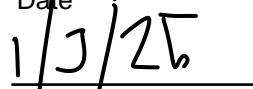
Compliance Manager



Primary Care Giver



Date



Date