

Foster Family Home - Deficiency Report

Provider ID: 1-100036

Home Name: Ederlina Manzano, CNA

Review ID: 1-100036-20

1707 Kamehameha IV Road

Reviewer: Maribel Nakamine

Honolulu HI 96819

Begin Date: 2/19/2026


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

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

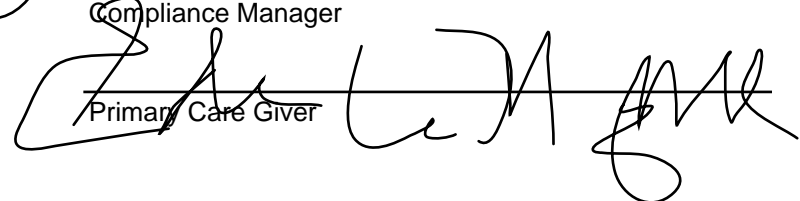
Comment:

6.d.1- Unannounced visit made for a 3-bed recertification inspection.

CCFFH met all requirements at the time of inspection. No corrective action required.



Compliance Manager Date 2/19/26



Primary Care Giver Date 2/19/26