

Foster Family Home - Deficiency Report

Provider ID: 1-150008

Home Name: Manelyn S. Higa, CNA

Review ID: 1-150008-19

2255 Hiu Street

Reviewer: Deborah Baumgart

Honolulu

HI 96819

Begin Date: 3/2/2026

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

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

Comment:

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

Deficiency Report issued during CCFFH inspection with plan of correction due to CTA within 10 business days of inspection (issued on 03/2/2026)

**3 Person Fire Safety,
Natural Disaster**

3 Person Fire Safety

(3P) Fire

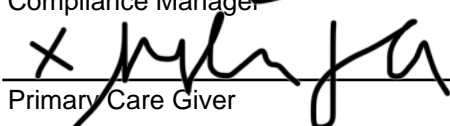
(3P)(b)(3) Fire shall be held under varying conditions, e.g., eating, visiting, bath times, etc.

Comment:

(3P)(b)(3)Fire-No nighttime fire drills for the last 12 months.



Compliance Manager



Primary Care Giver

3/2/26

Date

3/2/26

Date