

Foster Family Home - Deficiency Report

Provider ID: 1-180088

Home Name: Jenevallen Manera, NA

Review ID: 1-180088-15

94-369 Kahuanani Street

Reviewer: Po Lim

Waipahu HI 96797

Begin Date: 10/6/2025

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

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

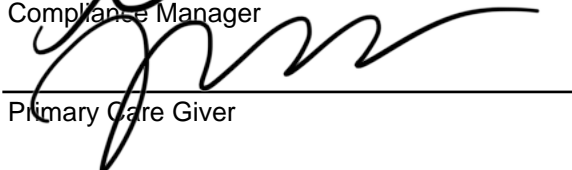
Comment:

6(d)(1) Unannounced visit made for a 2 bed re-certification inspection.

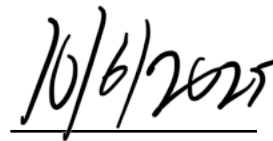
CCFFH met all requirements at the time of the inspection.



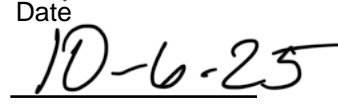
Compliance Manager



Primary Care Giver



Date



Date