

Foster Family Home - Deficiency Report

Provider ID: 1-527872

Home Name: Marlon Manuel, CNA

Review ID: 1-527872-19

94-1114-B Lumikuke Place

Reviewer: Laurie Vosler

Waipahu HI 96797

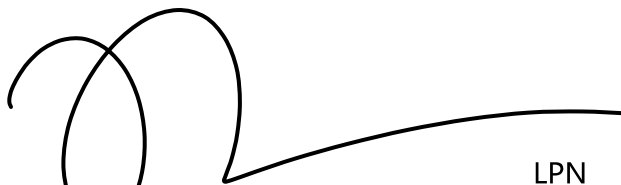
Begin Date: 10/17/2025

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 annual inspection made for a 3 bed CCFFH. CCFFH met all compliance requirements at the time of the inspection. No corrective action required.

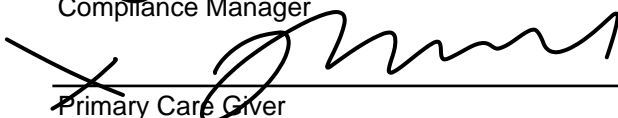


LPN

Compliance Manager

10/21/2025

Date



Primary Care Giver

10/21/2025

Date