

Foster Family Home - Corrective Action Report

Provider ID: 4-090035

Home Name: Milba Melchor, CNA

Review ID: 4-090035-3

932 Wailupe Drive

Reviewer:

Wailuku HI 96793

Begin Date: 4/21/2016

End Date: 4/21/16

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment:

Home visit for a 2 person recertification review [REDACTED]
Home is in compliance with all requirements. Home will receive a 2 year 2 bed certification.