

Foster Family Home - Corrective Action Report

Provider ID: 4-090035

Home Name: Milba Melchor, CNA

Review ID: 4-090035-4

932 Wailupe Drive

Reviewer: David Ayling

Wailuku

HI 96793

Begin Date: 4/26/2018

End Date: 4/26/18

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 CCFFH recertification review made on 4/26/18. PCG requests to increase to a 3 client CCFFH.
6.(d)(1) - Home in compliance with all requirements. Home will receive a 1 year 3 bed certification.

David A Ayling
Compliance Manager

4/26/18
Date

Milba R. Melchor
Primary Care Giver

4/26/18
Date