

Foster Family Home - Deficiency Report

Provider ID: 1-140029

Home Name: Melanie Valera, RN

Review ID: 1-140029-11

94-1147 Kaloli Loop

Reviewer: David Ayling

Waipahu HI 96797

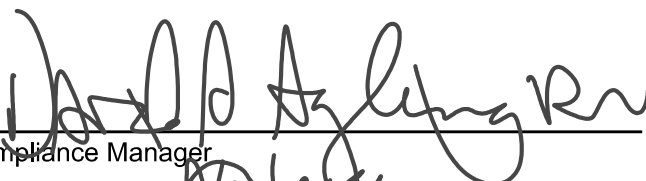
Begin Date: 8/6/2021

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


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

Comment:

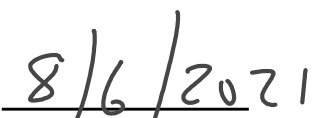
6.d.1 Annual unannounced inspection made today. Completed annual review. No deficiencies.




Compliance Manager



Primary Care Giver


Date


Date