

Foster Family Home - Deficiency Report

Provider ID: 4-090035

Home Name: Milba Melchor, CNA

Review ID: 4-090035-11

932 Wailupe Drive

Reviewer: Terri Van Houten

Wailuku HI 96793

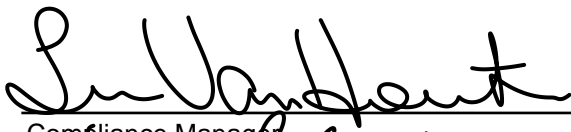
Begin Date: 1/25/2022


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

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

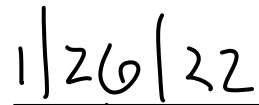
Comment:

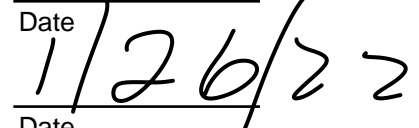
6.(d)(1) – Unannounced annual home inspection made for a 3bed CCFFH. Home met all compliance requirements at the time of the inspection. No corrective action required.



Compliance Manager


Primary Care Giver



Date


Date