

Foster Family Home - Deficiency Report

Provider ID: 1-563264

Home Name: Melanie Badua, CNA

Review ID: 1-563264-11

1415 Auld Lane

Reviewer: Maribel Nakamine

Honolulu

HI 96817

Begin Date: 4/5/2022

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 recertification inspection conducted.

CCFFH is in compliance with all requirements. CCFFH will receive a 3-bed certification.

Maribel Nakamine, RN 4/5/22

Compliance Manager

[Signature] for *Melanie Badua*

Primary Care Giver

Date

4/5/22

Date