

Foster Family Home - Deficiency Report

Provider ID: 1-622276

Home Name: Melanie Viernes, CNA

Review ID: 1-622276-11

94-1161 Waipahu Street

Reviewer: Po Lim

Waipahu HI 96797

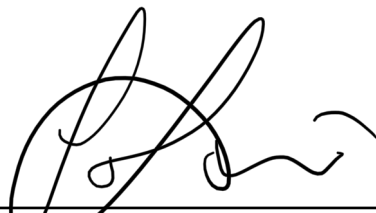
Begin Date: 5/17/2022

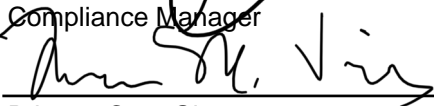
Foster Family Home **Required Certificate** **[11-800-6]**

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

Comment:

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



Compliance Manager


Primary Care Giver

5/17/22

Date
5/17/2022

Date