

Foster Family Home - Deficiency Report

Provider ID: 1-561036

Home Name: Melody Pelegreen, CNA

Review ID: 1-561036-14

1029 Hulakui Drive

Reviewer: Deborah Baumgart

Honolulu

HI 96818

Begin Date: 12/1/2022

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 inspection conducted. No deficiencies found.

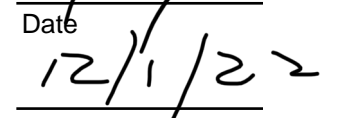
CCFFH is in compliance with all requirements.



Compliance Manager


Primary Care Giver



Date


Date