

Foster Family Home - Deficiency Report

Provider ID: 1-230026

Home Name: Leticia Melegrito, CNA

Review ID: 1-230026-1

91-1039 Kauiki Street

Reviewer: David Ayling

Ewa Beach HI 96706

Begin Date: 4/26/2023

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

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

Comment:

6.(d)(1) - Home inspection for a new 2 person CCFFH certification. All requirements were met at the time of inspection. Home will receive a 2-bed certification.



Compliance Manager



Primary Care Giver

4/26/2023

Date
4/29/2023

Date