

# Foster Family Home - Deficiency Report

Provider ID: 1-563264

Home Name: Melanie Badua, CNA

Review ID: 1-563264-13

1415 Auld Lane

Reviewer: Deborah Baumgart

Honolulu

HI 96817

Begin Date: 3/1/2023

Foster Family Home


Required Certificate

[11-800-6]

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

Comment:

6(d)(1) Unannounced visit made for a 3-bed annual inspection. CCFFH met all requirements at the time of inspection.

  
\_\_\_\_\_  
Compliance Manager  
  
\_\_\_\_\_  
Primary Care Giver

3-1-23  
\_\_\_\_\_  
Date  
3.1.23  
\_\_\_\_\_  
Date