

# Foster Family Home - Deficiency Report

Provider ID: 1-230017

Home Name: Melenia J. Resurreccion, CNA

Review ID: 1-230017-1

94-410 Apowale Street

Reviewer: David Ayling

Waipahu

HI 96797

Begin Date: 3/30/2023

Foster Family Home


Required Certificate

[11-800-6]

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

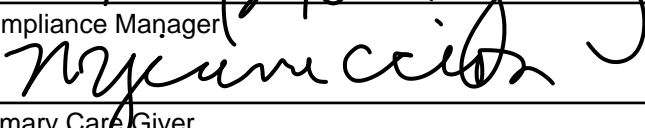
Comment:

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

Date

3/30/2023

  
Primary Care Giver

Date

3/30/2023