

Foster Family Home - Deficiency Report

Provider ID: 4-090035

Home Name: Milba Melchor, CNA

Review ID: 4-090035-13

932 Wailupe Drive

Reviewer: Terri Van Houten

Wailuku HI 96793


Begin Date: 1/6/2023

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 CCFFH inspection made for a 3 bed CCFFH recertification. CCFFH met all compliance requirements at the time of the inspection. No corrective action required.



Compliance Manager



Primary Care Giver

1/6/23

Date

1/10/23

Date