

# Foster Family Home - Deficiency Report

Provider ID: 1-140029

Home Name: Melanie Valera, RN

Review ID: 1-140029-15

94-1147 Kaloli Loop

Reviewer: Jackie Chamberlain

Waipahu HI 96797

Begin Date: 6/6/2023

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


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

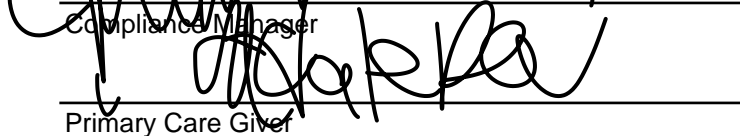
Comment:


6(d)(1) CCFFH inspection made for a 2 bed re-certification. CCFFH met all compliance requirements at the time of the CCFFH inspection.

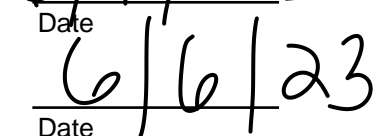
No plan of correction required.

Increased to 3 bed approved next certification

  
\_\_\_\_\_  
Compliance Manager

  
\_\_\_\_\_  
Primary Care Giver

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Date