

Foster Family Home - Deficiency Report

Provider ID: 1-587751

Home Name: Melanie Jovenal, CNA

Review ID: 1-587751-12

91-1043 Kailoa Street

Reviewer: Po Lim

Ewa Beach HI 96706

Begin Date: 5/19/2023

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

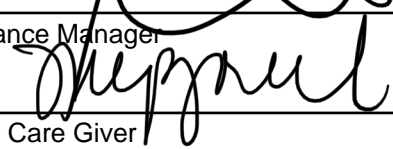
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

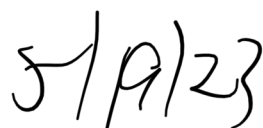
6(d)(1) Unannounced visit made for a 3 bed re-certification inspection.

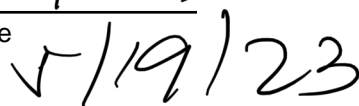
CCFFH met all requirements at the time of the inspection.



Compliance Manager


Primary Care Giver



Date


Date