

Foster Family Home - Deficiency Report

Provider ID: 1-622276

Home Name: Melanie Viernes, CNA

Review ID: 1-622276-13

94-1161 Waipahu Street

Reviewer: Jackie Chamberlain

Waipahu HI 96797

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) CCFFH inspection made for a 3 bed annual inspection. CCFFH met all compliance requirements at the time of the CCFFH inspection. No plan of correction required.


Compliance Manager

Primary Care Giver

5/19/23
Date
5/19/23
Date