

Foster Family Home - Deficiency Report

Provider ID: 1-526022

Home Name: Melinda Benedicto, RN

Review ID: 1-526022-14

92-839 Opalipali Place

Reviewer: Deborah Baumgart

Kapolei HI 96707

Begin Date: 7/18/2023

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 2-bed annual inspection.

CCFFH met all requirements at the time of the inspection.

Compliance Manager

Primary Care Giver

Date

Date