

Foster Family Home - Deficiency Report

Provider ID: 1-230017

Home Name: Melenia J. Resurreccion, CNA Review ID: 1-230017-3

94-410 Apowale Street Reviewer: Maribel Nakamine

Waipahu HI 96797 Begin Date: 1/16/2024


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

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

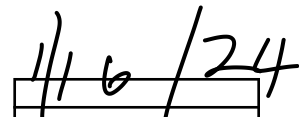
Comment:

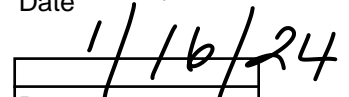
6.d.1- Unannounced visit made for a 2-bed recertification inspection.

CCFFH met all requirements at the time of inspection.


Compliance Manager


Primary Care Giver


Date


Date