

# Foster Family Home - Deficiency Report

Provider ID: 1-230026

Home Name: Leticia Melegrito, CNA

Review ID: 1-230026-3

91-1039 Kauiki Street

Reviewer: Po Lim

Ewa Beach HI 96706

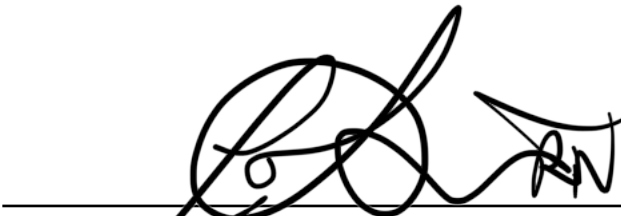
Begin Date: 2/8/2024


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


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

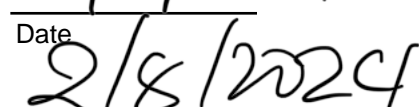
Comment:

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

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

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

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Date