

# Foster Family Home - Deficiency Report

Provider ID: 1-100013

Home Name: Melanny Lopez, CNA

Review ID: 1-100013-16

94-205 Wehena Place

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 4/2/2024

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

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

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Comment:

6.d.1- Unannounced visit made for a 3-bed recertification inspection.

CCFFH met all requirements at the time of inspection.

Maribel Nakamine, RN      4/2/24  
Compliance Manager      Date

Melanny Lopez      4/2/24  
Primary Care Giver      Date