

Foster Family Home - Deficiency Report

Provider ID: 1-120034

Home Name: Melody Chapman, CNA

Review ID: 1-120034-16

94-880 Lumiiki Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 4/17/2024

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 3-bed recertification inspection.

CCFFH met all requirements at the time of inspection.

Maribel Nakamine, RN 4/17/24
Compliance Manager Date
[Signature] 4/17/24
Primary Care Giver Date