

Foster Family Home - Deficiency Report

Provider ID: 1-559007

Home Name: Melecia Andres, CNA

Review ID: 1-559007-17

1182 Manuwa Drive

Reviewer: Po Lim

Honolulu

HI 96818

Begin Date: 12/3/2024

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 re-certification inspection. CCFFH met all requirements at the time of the inspection.

Compliance Manager

Primary Care Giver

Date

Date