

Foster Family Home - Deficiency Report

Provider ID: 1-526022

Home Name: Melinda Benedicto, RN

Review ID: 1-526022-18

92-839 Opalipali Place

Reviewer: Deborah Baumgart

Kapolei HI 96707

Begin Date: 7/22/2025

Foster Family Home

Required Certificate

[11-800-6]


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

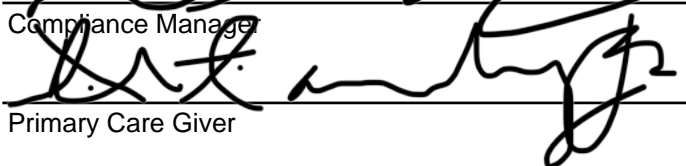
Comment:

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

CCFFH met all requirements at the time of the inspection.

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Compliance Manager


Primary Care Giver

7/22/25

Date
7/22/25

Date