

Foster Family Home - Deficiency Report

Provider ID: 1-230026

Home Name: Leticia Melegrito, CNA

Review ID: 1-230026-7

91-1039 Kauiki Street

Reviewer: Ryan Nakamura

Ewa Beach HI 96706

Begin Date: 1/20/2026

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 CCFFH inspection made for a 3 bed CCFFH recertification. CCFFH met all compliance requirements at the time of the inspection. No corrective action required.



Compliance Manager



Primary Care Giver

1/20/26

Date

1/20/26

Date