

Foster Family Home - Deficiency Report

Provider ID: 4-090035

Home Name: Milba Melchor, CNA

Review ID: 4-090035-19

932 Wailupe Drive

Reviewer: David Ayling

Wailuku HI 96793


Begin Date: 2/19/2026

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


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

Comment:

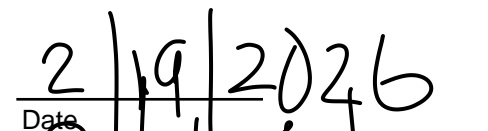
6.(d)(1) - Unannounced Home inspection for a 3 person CCFFH recertification. All requirements were met at the time of inspection. Home will receive a 3-bed certification.



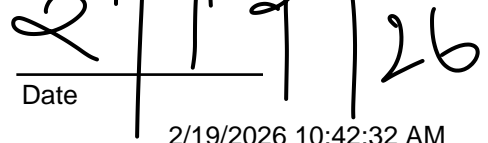
Compliance Manager



Primary Care Giver



Date



Date

2/19/2026 10:42:32 AM