Foster Family Home - Deficiency Report

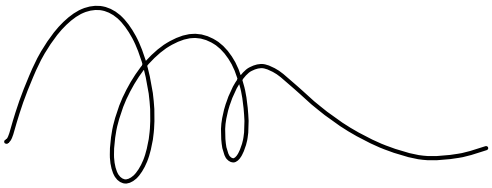
Provider ID:	**1-622276**		
Home Name:	**Melanie Viernes, CNA**	**Review ID:**	**1-622276-19**
94-1161 Waipahu Street		Reviewer:	Laurie Vosler
Waipahu HI 96797		Begin Date:	5/19/2026

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

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

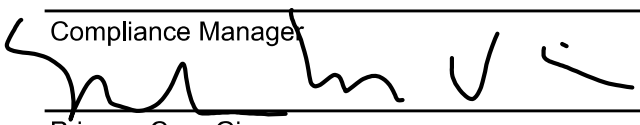
Comment:

6.(d)(1) – Unannounced annual inspection made for a 3 bed CCFFH. CCFFH met all compliance requirements at the time of the inspection. No corrective action required.



LPN 05/19/2026

Compliance Manager Date



05/19/2026

Primary Care Giver Date