

# Foster Family Home - Deficiency Report

Provider ID: 1-180075

Home Name: Myla Taban, CNA

Review ID: 1-180075-7

94-1066 Halelehua Street

Reviewer: Jackie Chamberlain

Waipahu HI 96797

Begin Date: 8/30/2021



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


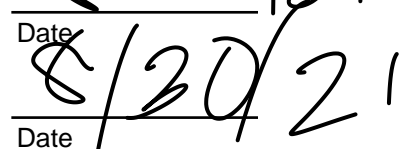
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6(d)(1) CCFFH inspection made for a 2 bed annual inspection. CCFFH met all compliance requirements at the time of the CCFFH inspection. No corrective action required

Increase to 3 bed approved this inspection

  
\_\_\_\_\_  
Compliance Manager  
  
\_\_\_\_\_  
Primary Care Giver

  
\_\_\_\_\_  
Date  
  
\_\_\_\_\_  
Date