

Foster Family Home - Deficiency Report

Provider ID: 1-180075

Home Name: Myla Taban, CNA

Review ID: 1-180075-9

94-1066 Halelehua Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 8/15/2022

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 recertification inspection conducted.

CCFFH is in compliance with all requirements. CCFFH will receive a 3-bed certification.

Maribel Nakamine, RN *8/15/22*

Compliance Manager Date
Tabanmyla *8/15/22*

Primary Care Giver Date