

Foster Family Home - Deficiency Report

Provider ID: 1-562208

Home Name: Natylia Miyat, CNA

Review ID: 1-562208-12

1328 Anapa Street

Reviewer: Po Lim

Honolulu

HI 96818

Begin Date: 5/24/2023

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 visit made for a 3 bed re-certification inspection.

CCFFH met all requirements at the time of the inspection.



Compliance Manager
Natylia M. Miyat

Primary Care Giver

5/24/23

Date
05/24/2023

Date