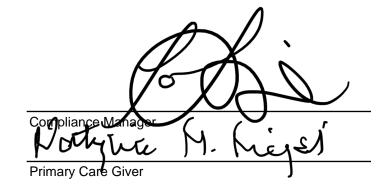
		Foster Fa	amily Home -	- Deficiency Report
Provider ID:	1-562208			
Home Name:	Natylia Miyat, CNA		<b>Review ID:</b>	1-562208-12
1328 Anapa Street			Reviewer:	Po Lim
Honolulu	H	96818	Begin Date:	5/24/2023
Foster Family Home Required Certifica		icate	[11-800-6]	
6.(d)(1) Comply with all applicable requirements 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.



Date D Date