

Foster Family Home - Deficiency Report

Provider ID: 5-170062

Home Name: Mylene Battulayan, CNA

Review ID: 5-170062-11

4185 Mano Street

Reviewer: Maribel Nakamine

Lihue HI 96766

Begin Date: 7/5/2023

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 2-bed recertification inspection.

CCFFH met all requirements at the time of the inspection.

Maribel Nakamine, RW

7/5/23

Compliance Manager

Date

M. Battulayan

7/5/23

Primary Care Giver

Date