

Foster Family Home - Deficiency Report

Provider ID: 1-180075

Home Name: Myla Taban, CNA

Review ID: 1-180075-11

94-1066 Halelehua Street

Reviewer: Deborah Baumgart

Waipahu HI 96797

Begin Date: 7/24/2023

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 annual inspection.

CCFFH met all requirements at the time of the inspection

Compliance Manager

Date

Primary Care Giver

Date