

# Foster Family Home - Deficiency Report

Provider ID: 1-130004

Home Name: Mylene Ceon, CNA

Review ID: 1-130004-15

91-1120 Kaunolu Street

Reviewer: Po Lim

Ewa Beach HI 96706

Begin Date: 1/9/2024

Foster Family Home	Required Certificate	[11-800-6]
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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

Primary Care Giver

Date

Date