

Foster Family Home - Deficiency Report

Provider ID: 5-170062

Home Name: Mylene Battulayan, CNA

Review ID: 5-170062-13

4185 Mano Street

Reviewer: Maribel Nakamine

Lihue

HI 96766

Begin Date: 8/14/2024

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 annual inspection.

CCFFH met all requirements at the time of inspection.

Maribel Nakamine, RN 8/14/24
Compliance Manager Date
Mylene Battulayan 8-14-24
Primary Care Giver Date