

Foster Family Home - Deficiency Report

Provider ID: 5-170062

Home Name: Mylene Battulayan, CNA

Review ID: 5-170062-14

4185 Mano Street

Reviewer: David Ayling

Lihue HI 96766

Begin Date: 7/15/2025

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) - Home inspection for a 2 person CCFFH recertification. Deficiency Report issued during home inspection with written plan of correction due to CTA by 8/15/25.



Foster Family Home	Background Checks	[11-800-8]
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8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(1)(2) - APS/CAN and eCrim expired on 11/5/2024 for CG #1, #2, and #4.
Not renewed until 1/25/2025.

 Compliance Manager	 Primary Care Giver	Date 7/15/25
		Date 7-15-25