Foster Family Home - Deficiency Report

Provider ID:	**5-170062**		
Home Name:	**Mylene Battulayan, CNA**	**Review ID:**	**5-170062-17**
4185 Mano Street		Reviewer:	David Ayling
Lihue HI 96766		Begin Date:	6/23/2026

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

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 7/8/26.

Foster Family Home — Background Checks — [11-800-8]

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

Comment:

8.(a)(1) - No current Sex Offender checks present in ccffh binder for CG #1, CG #2, CG #3, CG #4, and CG #5.

Foster Family Home — Personnel and Staffing — [11-800-41]

41.(a)(2) Be a NA, an LPN, or RN;

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41.(a)(2) - No Prometric verification checks present in ccffh binder for CG #1 and CG #5.
41.(b)(7) - TB clearance expired on 10/4/2025 for CG #2.
1.(b)(8) - CPR/First Aid certification expired on 6/16/2026 for CG #2.

Compliance Manager — Date 6/27/26

Primary Care Giver — Date 6-22-26