

Foster Family Home - Deficiency Report

Provider ID: 1-160007

Home Name: Lani Abara, CNA

Review ID: 1-160007-8

91-1032 Hamana Street

Reviewer: Jackie Chamberlain

Ewa Beach HI 96706

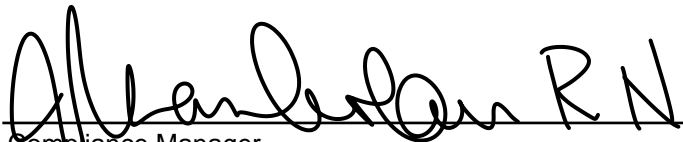
Begin Date: 11/30/2021

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

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6(d)(1) CCFFH inspection made for a 3 bed annual inspection. CCFFH met all compliance requirements at the time of the CCFFH inspection. No corrective action required.



Compliance Manager



Primary Care Giver

11/30/21

Date

11/30/21

Date