

# Foster Family Home - Deficiency Report

Provider ID: 1-160007

Home Name: Lani Abara, CNA

Review ID: 1-160007-12

91-1032 Hamana Street

Reviewer: David Ayling

Ewa Beach HI 96706

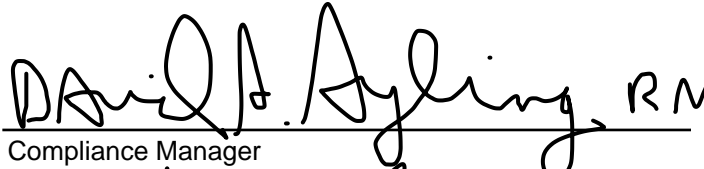
Begin Date: 11/22/2023

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

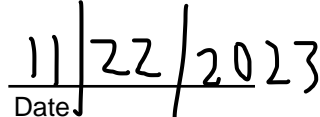
6.(d)(1)      Comply with all applicable requirements in this chapter; and

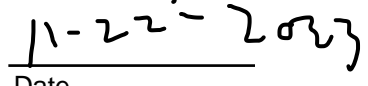
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Comment:

6.(d)(1) - Annual unannounced inspection made today. Completed annual review. No deficiencies.

  
\_\_\_\_\_  
Compliance Manager

  
\_\_\_\_\_  
Primary Care Giver

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Date