

# Foster Family Home - Deficiency Report

Provider ID: 1-160007

Home Name: Lani Abara, CNA

Review ID: 1-160007-14

91-1032 Hamana Street

Reviewer: Ryan Nakamura

Ewa Beach HI 96706

Begin Date: 10/16/2024

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

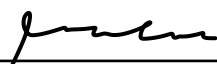
6.(d)(1)      Comply with all applicable requirements in this chapter; and

Comment:

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



Compliance Manager



Primary Care Giver

10/16/24  
Date  
10/16/24  
Date