

# Foster Family Home - Deficiency Report

Provider ID: 1-240031

Home Name: Jhenibie Leano, CNA

Review ID: 1-240031-1

91-1644 Paekii Street

Reviewer: David Ayling

Ewa Beach HI 96706

Begin Date: 4/30/2024

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

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

Comment:

6.(d)(1) - Home inspection for a new 2 person CCFFH certification. All requirements were met at the time of inspection. Home will receive a 2-bed certification.

David A. Ayling RV  
Compliance Manager

Jhenibie Leano  
Primary Care Giver

4/30/24  
Date

4/30/24  
Date