

# Foster Family Home - Deficiency Report

Provider ID: 1-170067

Home Name: Edna S. Leano, CNA

Review ID: 1-170067-16

91-558 Onelua Street

Reviewer: Deborah Baumgart

Ewa Beach HI 96706

Begin Date: 7/24/2025

Foster Family Home	Required Certificate	[11-800-6]
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6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.d.1- Unannounced visit made for a 3-bed annual inspection.

Deficiency Report issued during CCFFH inspection with plan of correction due to CTA within 30 days of inspection (issued on 7/24/2025)

Foster Family Home	Background Checks	[11-800-8]
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8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(1)(2)-HHM#2 APS/CAN fingerprints lapsed 7/3/2025 with no current results present.

  
Compliance Manager

  
Primary Care Giver

7/24/25  
Date  
7/24/25  
Date