

Foster Family Home - Deficiency Report

Provider ID: 1-160007

Home Name: Lani Abara, CNA

Review ID: 1-160007-16

91-1032 Hamana Street

Reviewer: Deborah Baumgart

Ewa Beach HI 96706

Begin Date: 10/27/2025

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 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 10/27/2025.)

3 Person Fire Safety, Natural Disaster 3 Person Fire Safety (3P) Fire

(3P)(b)(1) Fire shall be conducted monthly

Comment:

(3P)(b)(1)Fire-Last fire drill in binder is 7/6/2025.

Foster Family Home Records [11-800-54]


54.(c)(5) Medication schedule checklist;

Comment:

54.(c)(5)-Client#1 Medication Administration Record (MARs) was last signed on 10/23/2025.



Compliance Manager



Primary Care Giver

10/27/25
Date

10/27/25
Date