

Foster Family Home - Deficiency Report

Provider ID: 1-170066

Home Name: Lenie Flores, CNA

Review ID: 1-170066-15

91-820 Lakana Place

Reviewer: Deborah Baumgart

Ewa Beach HI 96706

Begin Date: 9/15/2025

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.

CCFFH met all requirements at the time of the inspection.



Compliance Manager


Primary Care Giver

9/15/25

Date
9/15/25

Date