

# Foster Family Home - Deficiency Report

Provider ID: 1-210021

Home Name: Abigail Leano, NA

Review ID: 1-210021-12

94-192 Loaa Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 11/5/2025

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

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

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Comment:

6.d.1- Unannounced visit made for a 2-bed recertification inspection.

CCFFH met all requirements at the time of inspection.

Maribel Nakamine      11/5/25  
Compliance Manager      Date  
Abigail Leano      11/5/25  
Primary Care Giver      Date