

Foster Family Home - Deficiency Report

Provider ID: 1-250092

Home Name: Cheyanne Tanner, NA

Review ID: 1-250092-1

99-120 Ohiakea Street

Reviewer: Laurie Vosler

Aiea HI 96701

Begin Date: 11/17/2025

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

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

Comment:

6.(d)(1) – CCFFH inspection conducted for a new 2 bed CCFFH certification. Report issued during CCFFH inspection with written plan of correction due to CTA by 12/01/2025.

Foster Family Home Personnel and Staffing [11-800-41]

41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

41.(f)(1) No current/Lapse in TB clearance for HHM# 1. TB clearance was not present.

Foster Family Home Fiscal Requirements [11-800-52]

52.(a) The home shall have adequate resources to finance its services in accordance with the provisions of this chapter.

Comment:

52.(a)1-3 were reviewed, no clients in home. New Application.



LPN

Compliance Manager

Primary Care Giver

11/17/2025

Date

11/17/2025

Date