

# Foster Family Home - Deficiency Report

Provider ID: 2-230016

Home Name: Donna Faye Abella, CNA

Review ID: 2-230016-7

15-1741 31st Avenue

Reviewer: Maribel Nakamine

Keaau

HI 96749

Begin Date: 11/24/2025

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 recertification inspection.

CCFFH met all requirements at the time of inspection. No corrective action required.

Maribel Nakamine 11/25/25  
Compliance Manager Date

Abella

Primary Care Giver

11-25-2025

Date