

Foster Family Home - Deficiency Report

Provider ID: 1-200015

Home Name: Juliet Morada-Leano, CNA

Review ID: 1-200015-14

94-745 Kalae Street

Reviewer: Laurie Vosler

Waipahu HI 96797

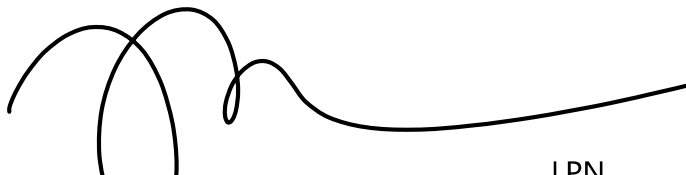
Begin Date: 4/9/2026

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

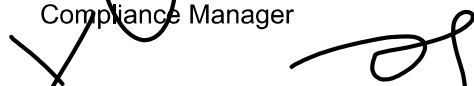
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) – Unannounced annual inspection made for a 3bed CCFFH. CCFFH met all compliance requirements at the time of the inspection. No corrective action required.



Compliance Manager LPN



Primary Care Giver

04/09/2026
Date

04/09/2026
Date