

Foster Family Home - Deficiency Report

Provider ID: 1-561945

Home Name: Lenie Allera, CNA

Review ID: 1-561945-18

203 Plum Street

Reviewer: Laurie Vosler

Wahiawa

HI 96786

Begin Date: 10/14/2025

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 annual inspection for 3 bed CCFFH. Report issued during CCFFH inspection with written plan of correction due to CTA by 11/15/2025.

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

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

Comment:


41.(b)(7) CCFFH did not have evidence of current TB clearance on approved Department of Health Form F, G, or H for CG# 4

Foster Family Home Fire Safety [11-800-46]

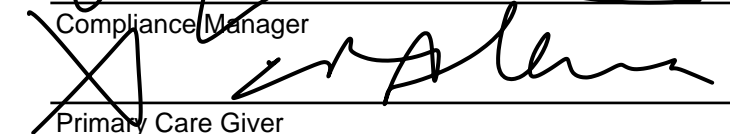
46.(b)(2) All caregivers have been trained to implement appropriate emergency procedures in the event of a fire.

Comment:

46.(b)(2)- CG# 3 did not have evidence of conducting a monthly fire drill within the past 12 months.



Compliance Manager



Primary Care Giver

lpn

10/15/2025

Date

10/15/2025

Date