

Foster Family Home - Deficiency Report

Provider ID: 1-190025

Home Name: Lorna Lobusta, CNA

Review ID: 1-190025-8

1265 Noelani Street

Reviewer: Maribel Nakamine

Pearl City HI 96782

Begin Date: 2/2/2022

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 recertification inspection conducted.

CCFFH is in compliance with all requirements. CCFFH will receive a 3 bed certification.

Maribel Nakamine, R 2/2/22
Compliance Manager Date
Llobusta 2/2/22
Primary Care Giver Date