

Foster Family Home - Deficiency Report

Provider ID: 2-100025

Home Name: Rosita Lorenzo, CNA

Review ID: 2-100025-12

73-1111 Maheu Circle

Reviewer: David Ayling

Kailua-Kona HI 96740

Begin Date: 3/29/2022

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


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

Comment:

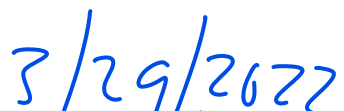
6.(d)(1) - Home inspection for a 3 person CCFFH recertification. All requirements were met at the time of inspection. Home will receive a 3-bed certification.

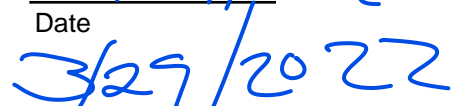


Compliance Manager



Primary Care Giver



Date


Date