

Foster Family Home - Deficiency Report

Provider ID: 2-512112

Home Name: Luzonica Dela Rosa, CNA

Review ID: 2-512112-15

45-3244 Ohia Street

Reviewer: David Ayling

Honoka'a HI 96727

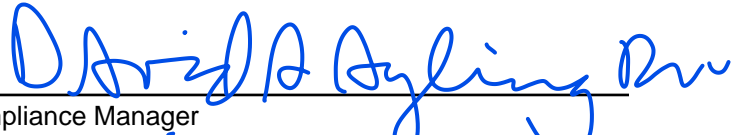
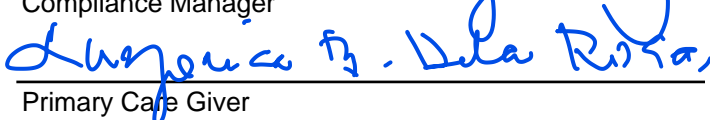
Begin Date: 5/25/2022

Foster Family Home	Required Certificate	[11-800-6]
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6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) - Home inspection for a 2 person CCFFH recertification. All requirements were met at the time of inspection. Home will receive a 2-bed certification.

 Compliance Manager	 Primary Care Giver	<u>5/25/2022</u> Date	<u>5/25/2022</u> Date
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