

# Foster Family Home - Deficiency Report

Provider ID: 2-625311

Home Name: Lovely D. Fernandez, CNA

Review ID: 2-625311-15

16-1656 34th Ave. Orchidland  
Estates

Reviewer: David Ayling

Keaau HI 96749

Begin Date: 1/17/2023

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

Date

Primary Care Giver

Date