

Foster Family Home - Deficiency Report

Provider ID: 2-100025

Home Name: Rosita Lorenzo, CNA

Review ID: 2-100025-14

73-1111 Maheu Circle

Reviewer: David Ayling

Kailua-Kona HI 96740

Begin Date: 3/7/2023

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

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

Comment:

6.(d)(1) - Annual unannounced inspection made today. Corrective Action Report issued during home inspection with written plan of correction due to CTA by 4/7/23. Completed annual review. No deficiencies.

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

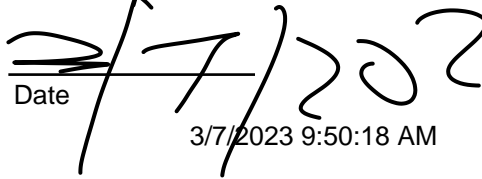
41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

Comment:

41.(b)(7) - No current TB clearance for CG #2.

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Compliance Manager

3/7/2023
Date

Date
3/7/2023 9:50:18 AM


Primary Care Giver