

# Foster Family Home - Deficiency Report

Provider ID: 2-100096

Home Name: Loriella Fiesta, CNA

Review ID: 2-100096-16

16-2088 Emerald Drive,  
#1184

Reviewer: David Ayling

Pahoa HI 96778

Begin Date: 6/14/2023

Foster Family Home

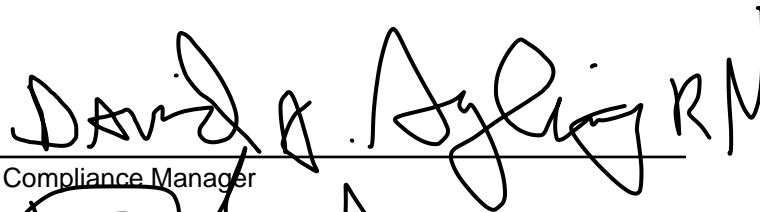
Required Certificate

[11-800-6]

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

Comment:

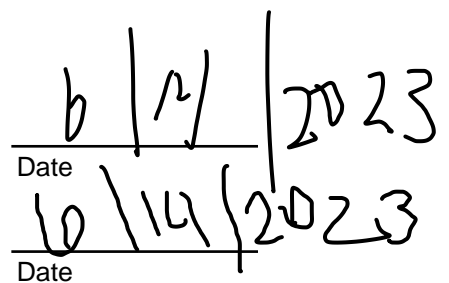
6.(d)(1) - Annual unannounced inspection made today. Completed annual review. No deficiencies.

  
\_\_\_\_\_  
Compliance Manager

Compliance Manager

  
\_\_\_\_\_  
Primary Care Giver

Primary Care Giver

  
\_\_\_\_\_  
Date

Date

Date