

# Foster Family Home - Deficiency Report

Provider ID: 2-625311

Home Name: Lovely D. Fernandez, CNA

Review ID: 2-625311-17

16-1656 34th Ave. Orchidland  
Estates

Reviewer: David Ayling

Keaau HI 96749

Begin Date: 1/3/2024

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

  
Primary Care Giver

1/3/2024  
Date

1/3/24  
Date