

Foster Family Home - Deficiency Report

Provider ID: 2-100025

Home Name: Rosita Lorenzo, CNA

Review ID: 2-100025-16

73-1111 Maheu Circle

Reviewer: David Ayling

Kailua-Kona HI 96740

Begin Date: 3/6/2024

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

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

Comment:

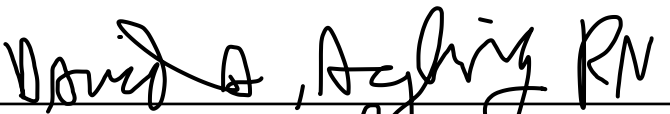
6.(d)(1) - Home inspection for a 3 person CCFFH recertification. Deficiency Report issued during home inspection with written plan of correction due to CTA by 4/6/24.

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

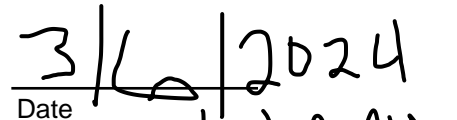

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

Comment:

41.(b)(7) - TB clearances have expired for CG #3 (Exp on 1/7/2024), CG #4 (Exp on 12/2/2023), and CG #5 (Exp on 8/3/2023).


Compliance Manager


Primary Care Giver


Date

Date