

Foster Family Home - Deficiency Report

Provider ID: 1-190025

Home Name: Lorna Lobusta, CNA

Review ID: 1-190025-14

1265 Noelani Street

Reviewer: Ryan Nakamura

Pearl City HI 96782

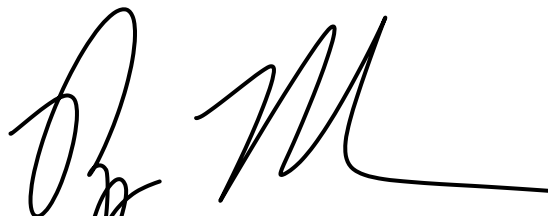
Begin Date: 1/10/2025

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


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

Comment:

6.(d)(1) – Unannounced CCFFH inspection made for a 3 bed CCFFH recertification. CCFFH met all compliance requirements at the time of the inspection. No corrective action required.



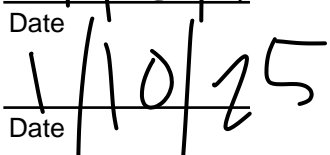
Compliance Manager



Primary Care Giver



Date



Date