

Foster Family Home - Deficiency Report

Provider ID: 2-625311

Home Name: Lovely D. Fernandez, CNA

Review ID: 2-625311-21

16-1656 34th Ave. Orchidland
Estates

Reviewer: Deborah Baumgart

Keaau HI 96749

Begin Date: 2/26/2026

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

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

Comment:

d.1- Unannounced visit made for a 3-bed annual inspection.

Deficiency Report issued during CCFFH inspection with plan of correction due to CTA within 10 business days of inspection (issued on 02/26/2026)

Foster Family Home Background Checks [11-800-8]

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(1)(2)-CG#1 APS/CAN lapsed 1/9/2025 and was done on 1/17/2025. CG#3 APS/CAN lapsed 1/16/2026 and was done on 1/26/2026. CG#5 APS/CAN lapsed on 1/10/2025 and was done on 1/30/2025. CG#4 APS/CAN lapsed 1/9/2025 and was done on 1/17/2025. HHM # 1 APS/CAN fingerprints expired 2/3/2026 with no current results present in binder.



Compliance Manager


Primary Care Giver

2/26/26
Date

2/26/26
Date