

# Foster Family Home - Deficiency Report

Provider ID: 1-250077

Home Name: Daisy Lovelock, CNA

Review ID: 1-250077-1

94-1109 Ka'auolo Street

Reviewer: Laurie Vosler

Waipahu HI 96797

Begin Date: 10/22/2025

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

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

Comment:

6.(d)(1) – CCFFH inspection conducted for a new 2 bed CCFFH certification. Report issued during CCFFH inspection with written plan of correction due to CTA by 11/22/2025.

## 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) CCFFH did not have evidence of current TB clearance on approved Department of Health Form for CG# 1.

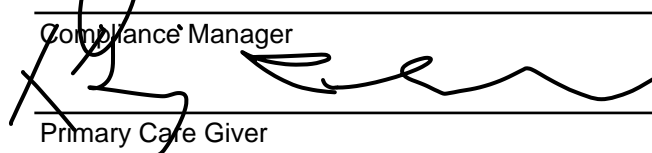
## Foster Family Home Fiscal Requirements [11-800-52]

52.(a) The home shall have adequate resources to finance its services in accordance with the provisions of this chapter.

Comment:

52.(a)1-3 were reviewed, no clients in home. New Application.

  
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Compliance Manager LPN

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

10/22/25

Date

10/22/25

Date