

Foster Family Home - Deficiency Report

Provider ID: 2-595861

Home Name: Lorylin Mirasol, CNA

Review ID: 2-595861-20

1397 Kuulei Street

Reviewer: Laurie Vosler

Hilo HI 96720

Begin Date: 4/2/2026

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 annual inspection for 2 bed CCFFH. Report issued during CCFFH inspection with written plan of correction due to CTA within 10 business days of inspection. (04/02/2026)

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

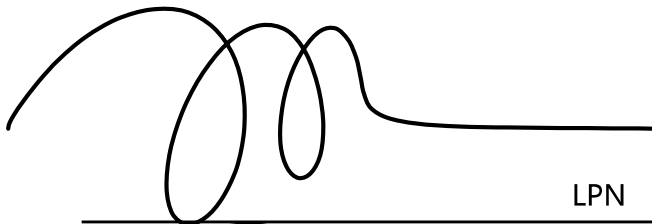
41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

41.(b)(7) CCFFH did not have evidence of current TB clearance on approved Department of Health Form for CG# 1, 3, 4, & 5.

41.(f)(1) No current/Lapse in TB clearance for HHM# 2. TB clearance was due on or before 07/18/2025 and has not been completed.



LPN

Compliance Manager

04/02/2026

Date



Primary Care Giver

04/02/2026

Date