

# Foster Family Home - Deficiency Report

Provider ID: 1-190025

Home Name: Lorna Lobusta, CNA

Review ID: 1-190025-16

1265 Noelani Street

Reviewer: Laurie Vosler

Pearl City HI 96782


Begin Date: 3/19/2026


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

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

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Comment:

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

  
\_\_\_\_\_  
Compliance Manager      LPN

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

\_\_\_\_\_  
03/19/2026  
Date

\_\_\_\_\_  
03/19/2026  
Date