Foster Family Home - Deficiency Report

Provider ID:	**4-589335**		
Home Name:	**Lorenza Torres, CNA**	**Review ID:**	**4-589335-22**
11 Hoomoku Loop		Reviewer:	David Ayling
Kahului HI 96732		Begin Date:	5/28/2026

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

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

Comment:

6.(d)(1) - Home inspection for a 2 person CCFFH recertification. Deficiency Report issued during home inspection with written plan of correction due to CTA by 6/11/26.

6.(d)(1) - No current 1147 for client # 2. Expired on 21/1/2025.

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) - Sex Offender checks not filled out correctly for CG #1, CG #2, CG #3 and HHM #2. (Needs to delete address and city)

8.(a)(2) - APS/CAN expired on 3/8/2025 for CG #3 and 7/7/2025 for HHM #2.

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

41.(a)(2) Be a NA, an LPN, or RN;

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

Comment:

41.(a)(2) - No current Prometric Verification check present in PCG's binder for CG #1 and CG #3.

41.(b)(7) - No current TB clearance for CG #2. Expired on 11/20/2025.

Compliance Manager Date 5/28/26

Primary Care Giver Date 5/28/26

5/28/2026 11:07:12 AM