Foster Family Home - Deficiency Report

Provider ID:	**4-510869**		
Home Name:	**Luz Alonzo, CNA**	**Review ID:**	**4-510869-22**
508 South Kamehameha Avenue		Reviewer:	David Ayling
Kahului HI 96732		Begin Date:	6/9/2026

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 3 person CCFFH recertification. Deficiency Report issued during home inspection with written plan of correction due to CTA by 6/24/26.

6.(d)(1) - No current 1147 present in Client #3's chart.

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;

Comment:

8.(a)(1) - Sex Offender checks filled out incorrectly for CG #1, CG #2, CG #3, CG #4, CG #5, CG #7, and HHM #7. Need to remove address and city.

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

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

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

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

Comment:

41.(a)(2) - Prometric verification check expired on 2/28/2026 for CG #1.
41.(b)(8) - CG #6 needs a current CPR certification.
41.(f)(1) - HHM #6 needs a current TB clearance.

Foster Family Home **Records** **[11-800-54]**

54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

Comment:

54.(c)(2) - For Client #2, February 2026 Service Plan not signed by POA or the CMA RN.

Compliance Manager RN 6/9/26 Date

Primary Care Giver 6-9-2026 Date

6/9/2026 2:17:06 PM