

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.

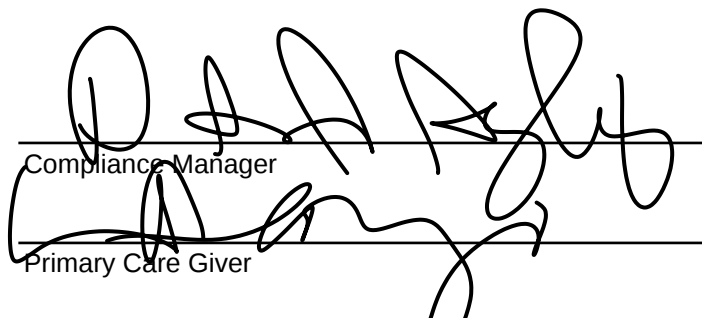
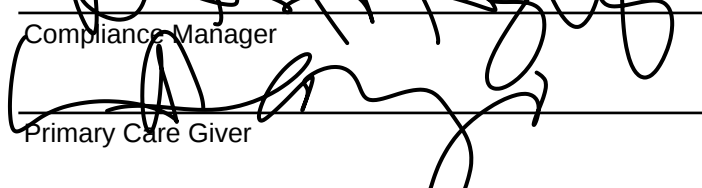
41.(f)(1) - HHM #6 needs a current TB clearance.

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

Primary Care Giver
Date 6/9/26
Date 6-9-2026