

# Foster Family Home - Deficiency Report

Provider ID: 3-560038

Home Name: Jocelyn Rosabia, CNA

Review ID: 3-560038-10

75-5787 Kalala Place

Reviewer: Terri Van Houten

Kailua-Kona HI 96740

Begin Date: 7/27/2021

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

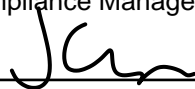
6.(d)(1)      Comply with all applicable requirements in this chapter; and

Comment:

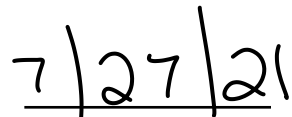
6.(d)(1) – Unannounced annual home inspection made for a 3bed CCFFH. Home met all compliance requirements at the time of the inspection. No corrective action required.



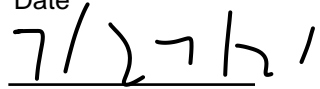
Compliance Manager



Primary Care Giver



Date



Date