

Foster Family Home - Deficiency Report

Provider ID: 1-210040

Home Name: Rosemarie Fiesta, NA

Review ID: 1-210040-3

94-692 Kehela Street

Reviewer: David Ayling

Waipahu HI 96797

Begin Date: 1/27/2022

Foster Family Home	Required Certificate	[11-800-6]
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6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) - Home inspection for a 2 person CCFFH recertification. All requirements were met at the time of inspection. Home will receive a 2-bed certification.

David A Ayling

Compliance Manager

1/27/2022

Date