

# Foster Family Home - Deficiency Report

Provider ID: 3-560038

Home Name: Jocelyn Rosabia, CNA

Review ID: 3-560038-12

75-5787 Kalala Place

Reviewer: David Ayling

Kailua-Kona HI 96740



Begin Date: 7/27/2022

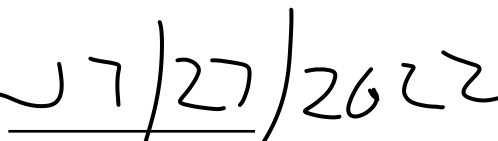
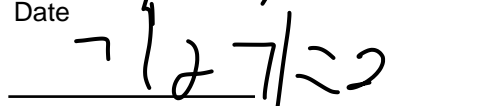
**Foster Family Home**      **Required Certificate**      **[11-800-6]**

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

Comment:

6.(d)(1) - Home inspection for a 3 person CCFFH recertification. All requirements were met at the time of inspection. Home will receive a 3-bed certification.

  
\_\_\_\_\_  
Compliance Manager  
  
\_\_\_\_\_  
Primary Care Giver

  
\_\_\_\_\_  
Date  
  
\_\_\_\_\_  
Date