

# Foster Family Home - Deficiency Report

Provider ID: 3-560038

Home Name: Jocelyn Rosabia, CNA

Review ID: 3-560038-14

75-5787 Kalala Place

Reviewer: David Ayling

Kailua-Kona HI 96740


Begin Date: 5/11/2023

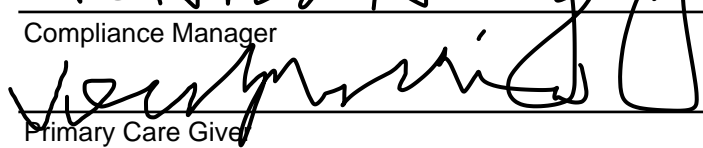
**Foster Family Home**      **Required Certificate**      **[11-800-6]**

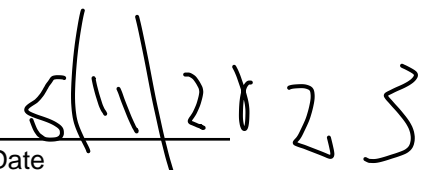
6.(d)(1)      Comply with all applicable requirements in this chapter; and

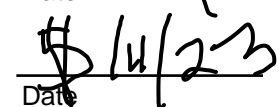
Comment:

6.(d)(1) - Annual unannounced inspection made today. Completed annual review. No deficiencies.

  
\_\_\_\_\_  
Compliance Manager

  
\_\_\_\_\_  
Primary Care Give

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Date