

Foster Family Home - Deficiency Report

Provider ID: 5-110076

Home Name: Rosalia Roman, CNA

Review ID: 5-110076-16

5342 Olopuu Street

Reviewer: Maribel Nakamine

Kapa'a HI 96746

Begin Date: 7/3/2023

Foster Family Home

Required Certificate

[11-800-6]

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

Comment:

6.d.1- Unannounced visit made for a 2-bed annual inspection.

CCFFH met all requirements at the time of inspection.

CG requested to decrease from a 3-bed to a 2-bed CCFFH.

Maribel Nakamine, RW 7/3/23
Compliance Manager
Rosalia Roman 7/3/23
Primary Care Giver
Date