

# Foster Family Home - Deficiency Report

Provider ID: 1-200075

Home Name: Shella Marie Romagos, CNA

Review ID: 1-200075-8

94-1077 Lumikula Street

Reviewer: Maribel Nakamine

Waipahu

HI 96797

Begin Date: 2/6/2024

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 3-bed recertification inspection.

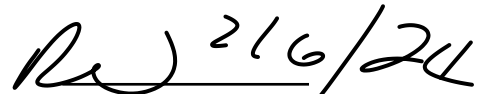
CCFFH met all requirements at the time of inspection.




Compliance Manager



Primary Care Giver



Date



Date