

# Foster Family Home - Deficiency Report

Provider ID: 1-622482

Home Name: Rowena Cenence, CNA

Review ID: 1-622482-15

843 Hoomoana Street

Reviewer: Ryan Nakamua

Pearl City HI 96782

Begin Date: 5/6/2024

**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 CCFFH inspection made for a 3 bed CCFFH recertification. CCFFH met all compliance requirements at the time of the inspection. No corrective action required.

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

5/6/24  
\_\_\_\_\_  
Date  
5/6/24  
\_\_\_\_\_  
Date