

# Foster Family Home - Deficiency Report

Provider ID: 5-110076

Home Name: Rosalia Roman, CNA

Review ID: 5-110076-18

5342 Olopuu Street

Reviewer: Maribel Nakamine

Kapa'a HI 96746

Begin Date: 10/8/2024

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

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

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Comment:

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

CCFFH met all requirements at the time of inspection.

Maribel Nakamine, RN      10/8/24  
Compliance Manager      Date  
Rosalia J. Roman      10-8-24  
Primary Care Giver      Date