

Foster Family Home - Deficiency Report

Provider ID: 5-110076

Home Name: Rosalia Roman, CNA

Review ID: 5-110076-19

5342 Olopua Street

Reviewer: David Ayling

Kapa'a HI 96746

Begin Date: 7/17/2025

Foster Family Home


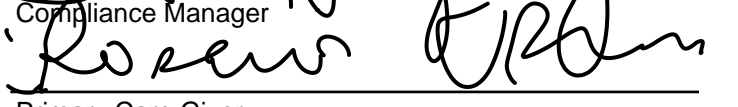
Required Certificate

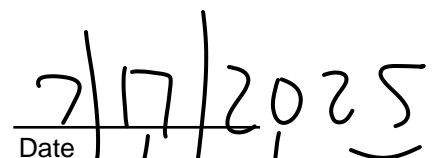
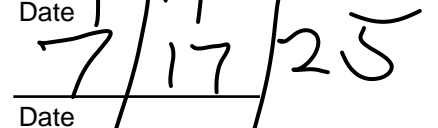
[11-800-6]

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. Currently has only one client.


Compliance Manager

Primary Care Giver


Date

Date