

Foster Family Home - Deficiency Report

Provider ID: 5-130034

Home Name: Rose Ann Cabe, CNA

Review ID: 5-130034-17

4131 Hoohana Street

Reviewer: David Ayling

Lihue

HI 96766

Begin Date: 7/2/2025

Foster Family Home

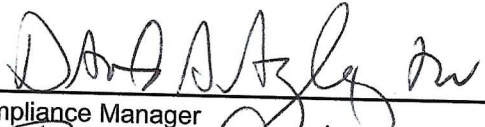
Required Certificate


[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.


Compliance Manager


Primary Care Giver

7/2/2025
Date

7/2/2025
Date