

# Foster Family Home - Deficiency Report

Provider ID: 1-250041

Home Name: Roviden Enriquez, NA

Review ID: 1-250041-1

94-1006 Eleu Street

Reviewer: David Ayling

Waipahu

HI 96797

Begin Date: 7/1/2025

Foster Family Home	Required Certificate	[11-800-6]
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6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) - Home inspection for a new 2 person CCFFH certification. Deficiency Report issued during home inspection with written plan of correction due to CTA by 8/1/25.

Foster Family Home	Background Checks	[11-800-8]
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8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

Comment:

8.(a)(1) - No current Sex Offender check for CG #1 and HHM #1.

David Ayling  
Compliance Manager

Primary Care Giver

7/1/2025  
Date

7/1/2025  
Date

CTA RN Compliance Manager: DAVID AYLING, RN

Community Care Foster Family Home (CCFFH)  
Written Plan of Correction (POC)  
Chapter 11-800

PCG's Name on CCFFH Certificate: ROVIDEN ENRIQUEZ  
(PLEASE PRINT)

CCFFH Address: 94-1006 ELEU ST., WAIKAKA, HI 96797  
(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
8(a)(1)	I RECEIVED CURRENT SEX OFFENDER CHECKS FROM CG#1 AND HHM#1	7/2/25	I MADE A LIST OF EXPIRATION DATES FOR APS/CAN/E CRIM AND SEX OFFENDER FOR ALL CG'S AND HHM'S. I PUT THE LIST IN THE FRONT OF MY CCFFH BINDER.

☒ All items that were corrected are attached to this POC

PCG's Signature: [Signature]

Date: 7/1/2025

☒ CTA has reviewed all corrected items