

Foster Family Home - Deficiency Report

Provider ID: 1-110059

Home Name: Imelda Del Rosario, CNA

Review ID: 1-110059-21

3402 A Maluhia Street

Reviewer: David Ayling

Honolulu

HI 96816

Begin Date: 3/5/2026

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

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

Comment:

6.(d)(1) - Home inspection for a 2 person CCFFH recertification. Deficiency Report issued during home inspection with written plan of correction due to CTA by 3/19/26.

Foster Family Home Background Checks [11-800-8]

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(1) - eCrim expired on 2/13/2026 for CG #2.


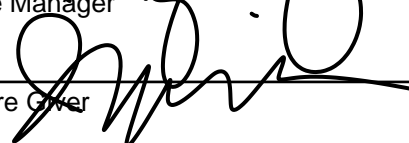
8.(a)(2) - APS/CAN expired on 2/16/2026 for CG #3.

Foster Family Home Personnel and Staffing [11-800-41]

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

Comment:

41.(b)(7) - TB clearance expired on 11/25/2025 for CG #1.


Compliance Manager

Primary Care Giver

3/5/2026
Date
3/5/26
Date