

Foster Family Home - Deficiency Report

Provider ID: 1-190045

Home Name: Rochelle V. Rosario, NA

Review ID: 1-190045-14

1774 Kuikele Street

Reviewer: David Ayling

Honolulu

HI 96819

Begin Date: 2/10/2026

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

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

Comment:

6.(d)(1) - Unannounced Home inspection for a 2 person CCFFH recertification. Currently has only 1 client. Deficiency Report issued during home inspection with written plan of correction due to CTA by 2/24/26.

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;

Comment:

8.(a)(1) - Sex offender checks filled out wrong for all CG's and HHM #1.

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


41.(a)(2) Be a NA, an LPN, or RN;

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

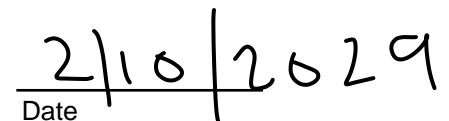
Comment:

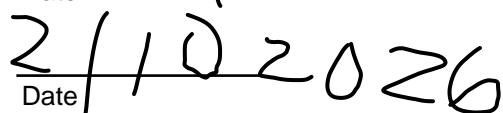
41.(a)(2) - No current Prometric Verification check for CG #5.

41.(b)(7) - CG #2 needs TB clearance results on an approved DOH TB form.


Compliance Manager


Primary Care Giver


Date


Date