

Foster Family Home - Deficiency Report

Provider ID: 1-514936

Home Name: Rosalinda Lopez, RN

Review ID: 1-514936-17

92-6001 Puapake Street

Reviewer: Maribel Nakamine

Kapolei HI 96707

Begin Date: 9/3/2025

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

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

Comment:

6.d.1- Unannounced visit made for a 3-bed recertification inspection.

CCFFH met all requirements at the time of inspection.

Maribel Nakamine, RN 9/3/25

Compliance Manager

Date

Rosalinda S. Lopez

Primary Care Giver

9/3/25

Date