

# Foster Family Home - Deficiency Report

Provider ID: 1-582785

Home Name: Rowena Sales, CNA

Review ID: 1-582785-25

45-413 Ihilani Street

Reviewer: David Ayling

Kaneohe HI 96744

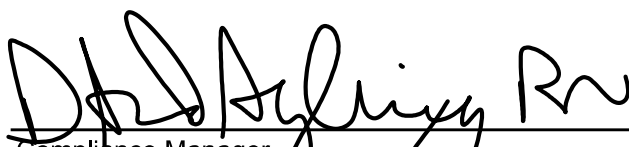
Begin Date: 3/4/2026

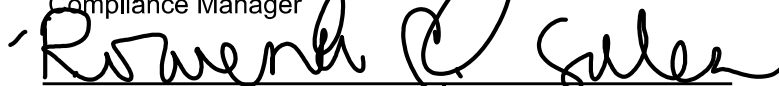
**Foster Family Home**      **Required Certificate**      **[11-800-6]**

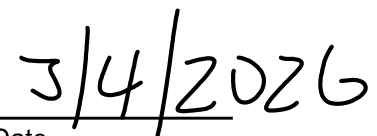
6.(d)(1)      Comply with all applicable requirements in this chapter; and

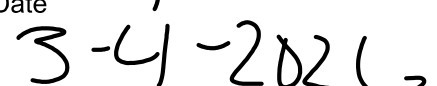
Comment:

6.(d)(1) - Home inspection for a 2 person CCFFH recertification. All requirements were met at the time of inspection. Home will receive a 2-bed certification.

  
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Compliance Manager

  
\_\_\_\_\_  
Primary Care Giver

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Date