

Foster Family Home - Deficiency Report

Provider ID: 2-619273

Home Name: Rowena Visaya, CNA

Review ID: 2-619273-19

15-1518 25th Avenue

Reviewer: Deborah Baumgart

Keaau

HI 96749

Begin Date: 2/26/2026

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 visit made for a 2-bed annual inspection.

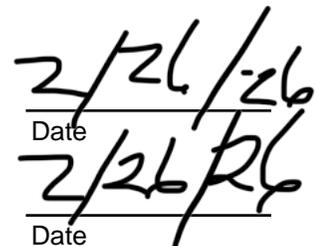
CCFFH met all requirements at the time of the inspection.



Compliance Manager



Primary Care Giver



Date

Date