

Foster Family Home - Deficiency Report

Provider ID: 1-230023

Home Name: Rofelia Julian, CNA

Review ID: 1-230023-8

94-410 Apowale Street

Reviewer: Po Lim

Waipahu HI 96797

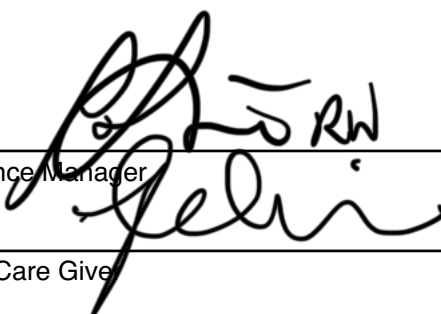
Begin Date: 3/6/2026

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

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


Comment:

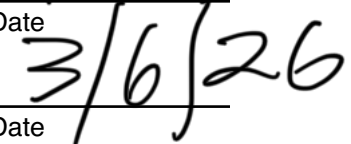
6(d)(1) Unannounced inspection for a 3 bed CCFFH re-certification.
CCFFH met all requirements at the time of the inspection.



Compliance Manager

Primary Care Give



Date


Date