

Foster Family Home - Deficiency Report

Provider ID: 1-250039

Home Name: Rofert John Sabalboro, CNA

Review ID: 1-250039-3

1352 Anapa Street

Reviewer: Po Lim

Honolulu

HI 96818

Begin Date: 4/20/2026

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 2 bed CCFFH re-certification.

Deficiency Report issued during CCFFH inspection via email on 4/20/2026 with Plan of Correction due to CTA within 10 days of inspection date of issuance.

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

41.(e) The primary caregiver shall identify all qualified substitute caregivers, approved by the department, who provide services for clients. The primary caregiver shall maintain a file on the substitute caregivers with evidence that the substitute caregivers meet the requirements specified in this section.

Comment:

41.e. CG#3 CG approval was not present in the file and not in the CTA system.

Compliance Manager

Primary Care Giver

Date

Date

4/20/2026

4/20/2026