

# Foster Family Home - Deficiency Report

Provider ID: 1-190042

Home Name: Roma Robles, NA

Review ID: 1-190042-14

94-208 Waipahu Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

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

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Comment:

6.d.1- Unannounced inspection made for a 2-bed recertification.

CCFFH met all requirements at the time of inspection. No corrective action required.



\_\_\_\_\_  
Compliance Manager

3/4/26

\_\_\_\_\_  
Date

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

3/4/26

\_\_\_\_\_  
Date