

Foster Family Home - Deficiency Report

Provider ID: 4-140066

Home Name: Rosalie Alcon, CNA

Review ID: 4-140066-19

161 West Papa Avenue

Reviewer: David Ayling

Kahului HI 96732


Begin Date: 3/31/2026

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 3 person CCFFH recertification. All requirements were met at the time of inspection. Home will receive a 3-bed certification.



Compliance Manager



Primary Care Giver

3/31/2026
Date

3-31-2026
Date