

Foster Family Home - Deficiency Report

Provider ID: 5-130034

Home Name: Rose Ann Cabe, CNA

Review ID: 5-130034-19

4131 Hoohana Street

Reviewer: David Ayling

Lihue HI 96766

Begin Date: 3/10/2026

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 2 person CCFFH recertification. Deficiency Report issued during home inspection with written plan of correction due to CTA by 3/24/26.

Foster Family Home Background Checks [11-800-8]

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

Comment:

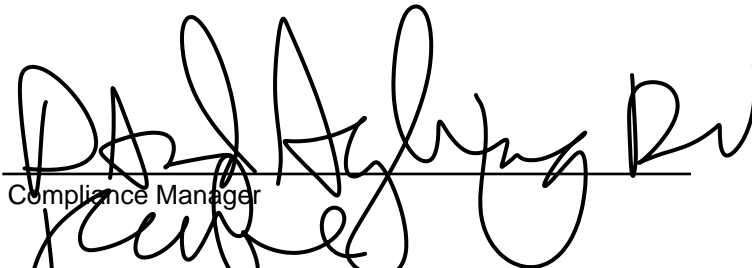
8.(a)(1) - CG #1, CG #2, CG #3, CG #4, and HHM #2 need Sex Offender checks without home address.


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

41.(a)(2) Be a NA, an LPN, or RN;

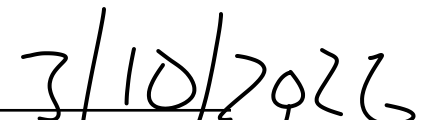
Comment:

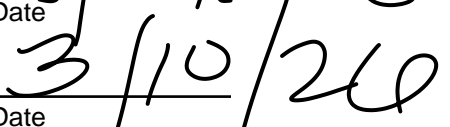
41.(a)(2) - CG #1 needs a current Prometric verification check.



Compliance Manager


Primary Care Giver



Date


Date
3/10/2026 11:16:10 AM