

# Foster Family Home - Deficiency Report

Provider ID: 1-100017

Home Name: Rose Marie Pambid, CNA

Review ID: 1-100017-17

724 Ihi Ihi Avenue

Reviewer: David Ayling

Wahiawa HI 96786

Begin Date: 12/2/2025

## 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 1/2/26.


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

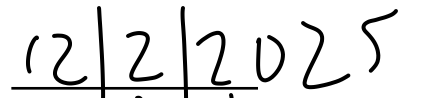
8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

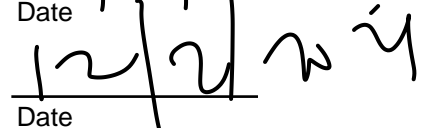
Comment:

8.(a)(2) - No current APS/CAN for CG #4. Expired on 1/13/2025

  
Compliance Manager

  
Primary Care Giver

  
Date

  
Date