

Foster Family Home - Deficiency Report

Provider ID: 1-250041

Home Name: Roviden Enriquez, NA

Review ID: 1-250041-3

94-1006 Eleu Street

Reviewer: David Ayling

Waipahu HI 96797

Begin Date: 4/9/2026

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. All requirements were met at the time of inspection. Home will receive a 2-bed certification.



Compliance Manager



Primary Care Giver

4/9/2026

Date
4/7/2026

Date