Foster Family Home - Deficiency Report

Provider ID:	**4-160064**		
Home Name:	**Preciosa Rojas, CNA**	**Review ID:**	**4-160064-18**
547 Kaulana Street		Reviewer:	David Ayling
Kahului HI 96732		Begin Date:	5/28/2026

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.

D Ayling RN

Compliance Manager

5/28/2026

Date

Primary Care Giver

5-28-26

Date

5/28/2026 12:37:18 PM