

Foster Family Home - Deficiency Report

Provider ID: 1-130058

Home Name: Rowena Daligcon, CNA

Review ID: 1-130058-10

94-1134 Hoomakoa Street

Reviewer: David Ayling

Waipahu HI 96797

Begin Date: 8/17/2021

Foster Family Home


Required Certificate

[11-800-6]

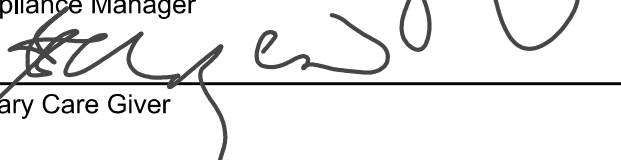
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:


6.d.1 Annual unannounced inspection made today. Completed annual review. No deficiencies.



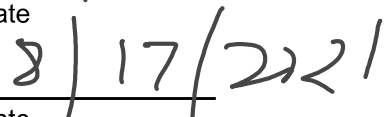
Compliance Manager



Primary Care Giver



Date



Date