

Foster Family Home - Deficiency Report

Provider ID: 1-130058

Home Name: Rowena Daligcon, CNA

Review ID: 1-130058-12

94-1134 Hoomakoa Street

Reviewer: Jackie Chamberlain

Waipahu HI 96797

Begin Date: 8/23/2022

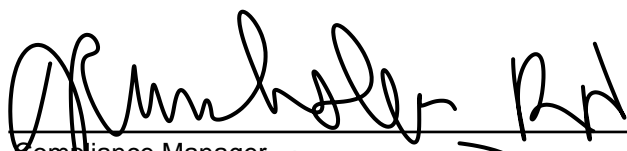
Foster Family Home **Required Certificate** **[11-800-6]**

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

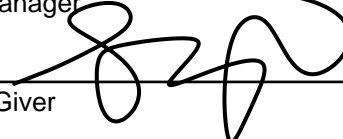
Comment:

6(d)(1) CCFFH inspection made for a 3 bed re-certification. CCFFH met all compliance requirements at the time of the CCFFH inspection.

No plan of correction required.



Compliance Manager



Primary Care Giver

8/23/22

Date

8/23/22

Date