

Foster Family Home - Deficiency Report

Provider ID: 1-509648

Home Name: Roina Dumalag, CNA

Review ID: 1-509648-15

94-1107 Hilihua Place

Reviewer: Deborah Baumgart

Waipahu HI 96797

Begin Date: 9/12/2023


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

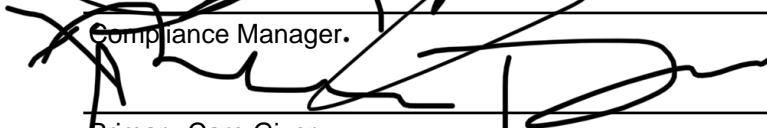
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

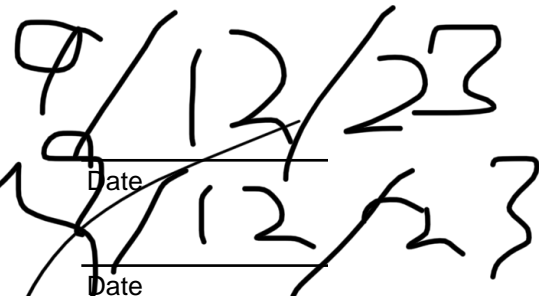
6.d.1- Unannounced visit made for a 3-bed annual inspection.

CCFFH met all requirements at the time of the inspection.



Compliance Manager.


Primary Care Giver



Date 9/12/23

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