

# Foster Family Home - Deficiency Report

Provider ID: 1-564189

Home Name: Betty Rumbaoa, CNA

Review ID: 1-564189-15

91-1020 Nihopeku Street

Reviewer: Deborah Baumgart

Kapolei HI 96707

Begin Date: 7/23/2024

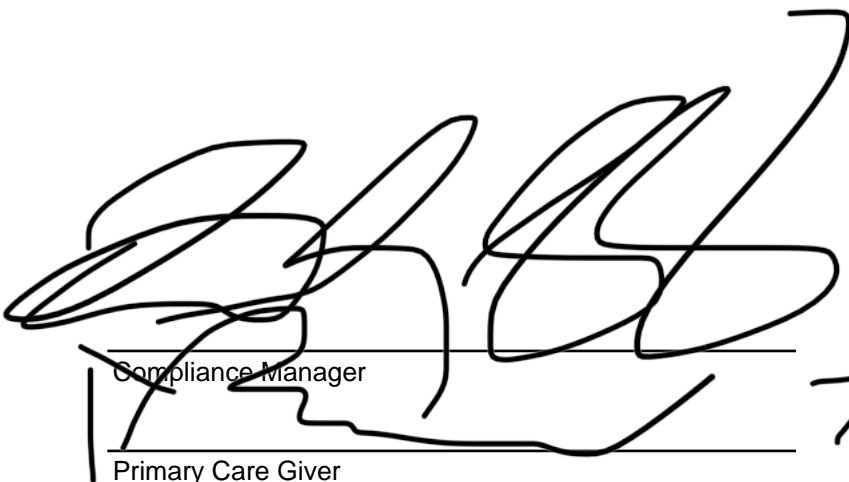
**Foster Family Home**      **Required Certificate**      **[11-800-6]**

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

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Comment:

6.d.1- Unannounced visit made for a 2-bed annual inspection.

CCFFH met all requirements at the time of the inspection.

  
\_\_\_\_\_  
Compliance Manager  
\_\_\_\_\_  
Primary Care Giver

7/23/24  
\_\_\_\_\_  
Date  
7/23/24  
\_\_\_\_\_  
Date