

# Foster Family Home - Deficiency Report

Provider ID: 1-130058

Home Name: Rowena Daligcon, CNA

Review ID: 1-130058-16

94-1134 Hoomakoa Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 7/31/2024

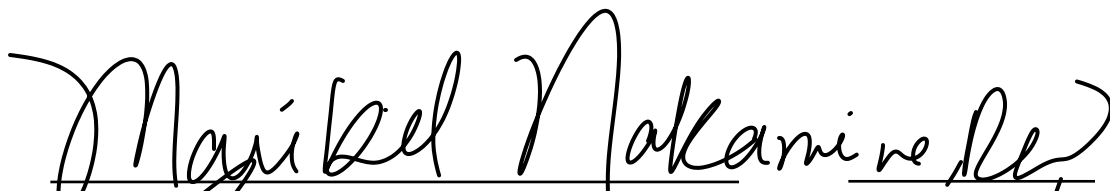
**Foster Family Home**      **Required Certificate**      **[11-800-6]**


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 3-bed recertification inspection.

CCFFH met all requirements at the time of inspection.

  
\_\_\_\_\_  
Compliance Manager      Date 7/31/24

  
\_\_\_\_\_  
Primary Care Giver      Date 7/31/24