

Foster Family Home - Deficiency Report

Provider ID: 1-220024

Home Name: Susan Dumbrigue, CNA

Review ID: 1-220024-7

91-1001 Hanakahi Street

Reviewer: Po Lim

Ewa Beach HI 96706


Begin Date: 1/8/2025

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 re-certification inspection.
CCFFH met all requirements at the time of the inspection.



Compliance Manager



Primary Care Giver



Date



Date