

Foster Family Home - Deficiency Report

Provider ID: 1-564189

Home Name: Betty Rumbaoa, CNA

Review ID: 1-564189-17

91-1020 Nihopeku Street

Reviewer: Po Lim

Kapolei HI 96707

Begin Date: 8/12/2025

Foster Family Home	Required Certificate	[11-800-6]
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6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

(d)(1) Unannounced visit made for a 2 bed re-certification inspection.
CCFFH met all requirements at the time of the inspection.

Compliance Manager

Primary Care Giver

Date

Date