

# 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]**

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



\_\_\_\_\_  
8/12/2025  
Date

\_\_\_\_\_  
Date