

Foster Family Home - Deficiency Report

Provider ID: 1-130058

Home Name: Rowena Daligcon, CNA

Review ID: 1-130058-18

94-1134 Hoomakoa Street

Reviewer: David Ayling

Waipahu HI 96797

Begin Date: 8/12/2025

Foster Family Home


Required Certificate

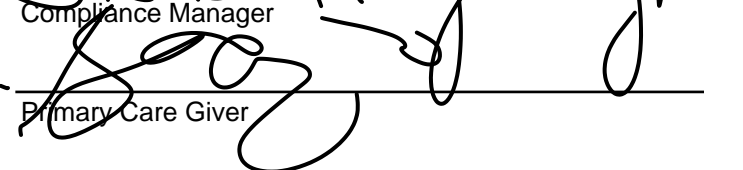
[11-800-6]

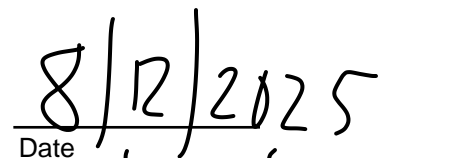
6.(d)(1) Comply with all applicable requirements in this chapter; and

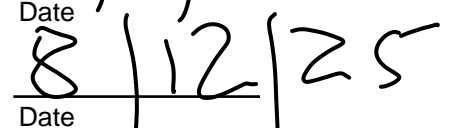
Comment:

6.(d)(1) - Annual unannounced inspection made today. Completed annual review. No deficiencies.


Compliance Manager


Primary Care Giver


Date


Date