

# 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**

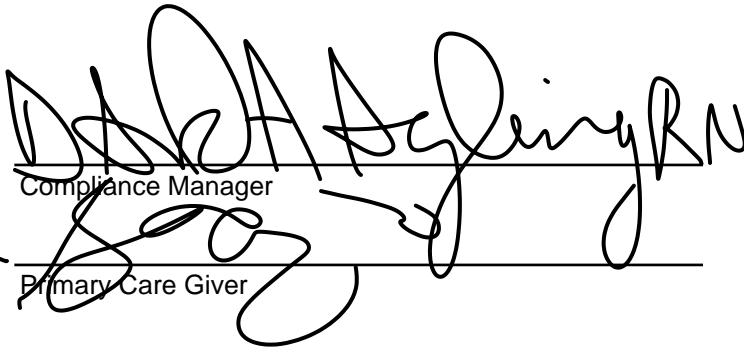
**Required Certificate**

**[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

8/12/2025  
Date  
8/12/25  
Date