

Foster Family Home - Deficiency Report

Provider ID: 1-250056

Home Name: Ruth Dagdagan, CNA

Review ID: 1-250056-1

1046-B Morris Lane

Reviewer: David Ayling

Honolulu

HI

96817

Begin Date: 8/28/2025

Foster Family Home



Required Certificate

[11-800-6]

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

Comment:

6.(d)(1) - Home inspection for a new 2 person CCFFH certification. All requirements were met at the time of inspection. Home will receive a 2-bed certification.


Compliance Manager

Primary Care Giver

8/28/2025
Date
8/28/2025
Date