

# Foster Family Home - Deficiency Report

Provider ID: 1-140043

Home Name: Magdalena A. Duldulao, CNA

Review ID: 1-140043-18

91-1750A Ala Loa Street

Reviewer: Deborah Baumgart

Ewa Beach

HI 96706

Begin Date: 10/20/2025

Foster Family Home

Required Certificate

[11-800-6]

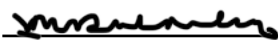
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.d.1- Unannounced visit made for a 2-bed annual inspection.

CCFFH met all requirements at the time of the inspection.

  
Compliance Manager

  
Primary Care Giver

10/20/25  
Date

10/20/25  
Date