

Foster Family Home - Deficiency Report

Provider ID: 1-130003

Home Name: Myrna Tumbaga, CNA

Review ID: 1-130003-20

4506 Ukali Street

Reviewer: Deborah Baumgart

Honolulu

HI 96818

Begin Date: 11/17/2025

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

11/17/25

Date

11/17/25

Date