Foster Family Home - Deficiency Report

Provider ID:	**1-150050**		
Home Name:	**Dolores Vicencio, CNA**	**Review ID:**	**1-150050-16**
98-050 Lokowai Street		Reviewer:	Po Lim
Aiea HI 96701		Begin Date:	6/1/2026

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 inspection for a 3 bed CCFFH re-certification.

CCFFH met all requirements at the time of the inspection.

Compliance Manager — Date: 6/1/2026

Primary Care Giver — Date: 6/1/2026