

Foster Family Home - Deficiency Report

Provider ID: 1-509648

Home Name: Roina Dumalag, CNA

Review ID: 1-509648-21

94-1107 Hilihua Place

Reviewer: Po Lim

Waipahu HI 96797

Begin Date: 6/8/2026

Foster Family Home

Required Certificate

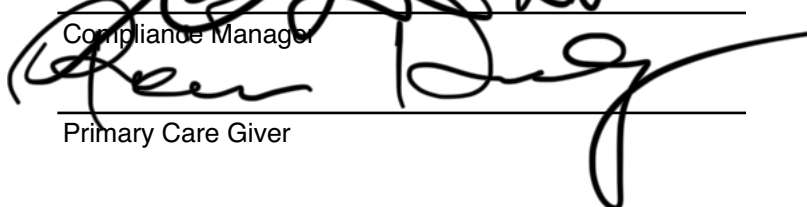
[11-800-6]

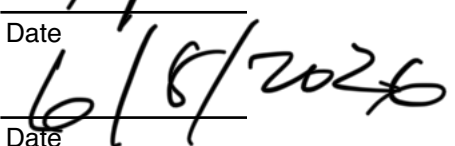
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6(d)(1) Unannounced inspection for a 2 bed CCFFH re-certification.

CCFFH met all requirements at the time of the inspection.


Compliance Manager

Primary Care Giver


Date

Date