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

6/8/2026
Date

Primary Care Giver

6/8/2026
Date