

Foster Family Home - Deficiency Report

Provider ID: 1-130033

Home Name: Pamela Cabato, CNA

Review ID: 1-130033-11

94-858 Lumihoahu Street

Reviewer: Adrienne Kolo

Waipahu HI 96797

Begin Date: 2/11/2022

Foster Family Home **Required Certificate** **[11-800-6]**

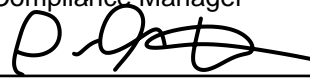
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6(d)(1) CCFFH inspection made for a 3 bed re-certification. CCFFH met all compliance requirements at the time of the CCFFH inspection.



Compliance Manager



Primary Care Giver

2/11/22

Date

2/11/22

Date