

Foster Family Home - Deficiency Report

Provider ID: 1-509309

Home Name: Norma Cabus, CNA

Review ID: 1-509309-12

98-1674 Laauhuahua Place

Reviewer: Maribel Nakamine

Pearl City HI 96782

Begin Date: 7/14/2022

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

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

Comment:

6.d.1- Unannounced recertification inspection conducted.

CCFFH is in compliance with all requirements. CCFFH will receive a 3-bed certification.

Maribel Nakamine, NC 7/14/22

Compliance Manager

Date

Norma Cabus

Date

Primary Care Giver

7/14/22