

# Foster Family Home - Deficiency Report

Provider ID: 1-100006

Home Name: Sara Choi, CNA

Review ID: 1-100006-13

98-1330 Hooihi Street

Reviewer: Deborah Baumgart

Pearl City HI 96782

Begin Date: 8/30/2022

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

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

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Comment:

6.d.1- Unannounced annual inspection conducted. No deficiencies found.

CCFFH is in compliance with all requirements.



\_\_\_\_\_  
Compliance Manager

*hli*      8/30/22

\_\_\_\_\_  
Primary Care Giver

*8/30/22*  
Date

*8/30/22*  
Date