

# Foster Family Home - Deficiency Report

Provider ID: 1-140040

Home Name: Yong Suk Rho Morita, CNA

Review ID: 1-140040-12

98-1910 Kaahumanu Street  
#U

Reviewer: Maribel Nakamine

Pearl City HI 96782

Begin Date: 3/20/2023

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 visit made for a 3-bed recertification inspection.

CCFFH met all requirements at the time of inspection.

Maribel Nakamine, R 3/20/23  
Compliance Manager  
Date  
3/20/23  
Primary Care Giver  
Date