

Foster Family Home - Deficiency Report

Provider ID: 1-130033

Home Name: Pamela Cabato, CNA

Review ID: 1-130033-14

94-858 Lumihoahu Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 1/25/2023

Foster Family Home

Required Certificate

[11-800-6]

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

Comment:

6.d.1- Home visit made for a 3-bed recertification inspection.

CCFFH met all requirements at the time of the inspection.

Maribel Nakamine, RN 1/25/23
Compliance Manager
Pamela Cabato
Primary Care Giver
Date 1/25/23
Date