

# Foster Family Home - Deficiency Report

Provider ID: 1-140040

Home Name: Yong Suk Rho Morita, CNA

Review ID: 1-140040-14

98-1910 Kaahumanu Street  
#U

Reviewer: Deborah Baumgart

Pearl City HI 96782

Begin Date: 3/22/2024

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 annual inspection.

CCFFH met all requirements at the time of the inspection.

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

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

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Date