

Foster Family Home - Deficiency Report

Provider ID: 1-100006

Home Name: Sara Choi, CNA

Review ID: 1-100006-17

98-1330 Hooihi Street

Reviewer: Deborah Baumgart

Pearl City HI 96782

Begin Date: 7/30/2024

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 Date 7/30/24



Primary Care Giver Date 7/30/24