

# Foster Family Home - Deficiency Report

Provider ID: 1-509309

Home Name: Norma Cabus, CNA

Review ID: 1-509309-18

98-1674 Laauhuahua Place

Reviewer: Ryan Nakamura

Pearl City HI 96782

Begin Date: 5/1/2025

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 CCFFH inspection made for a 3 bed CCFFH recertification. CCFFH met all compliance requirements at the time of the inspection. No corrective action required.

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

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

  
\_\_\_\_\_  
Date  
  
\_\_\_\_\_  
Date