

## Foster Family Home - Deficiency Report

Provider ID: 1-220078

Home Name: Patricia Shorter, CNA

Review ID: 1-220078-7

94-492 Opeha Street

Reviewer: Deborah Baumgart

Waipahu HI 96797

Begin Date: 7/23/2025

Foster Family Home

Required Certificate


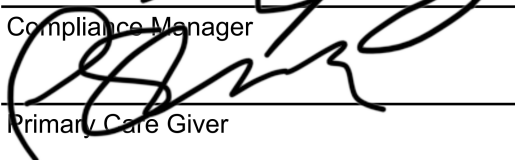
[11-800-6]

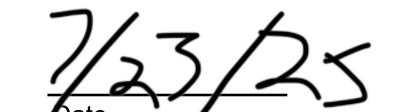
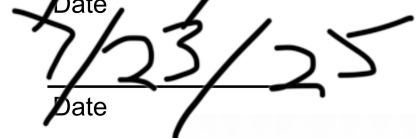
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.d.1- Unannounced visit made for a 2-bed annual inspection.

CCFFH met all requirements at the time of the inspection.

  
\_\_\_\_\_  
Compliance Manager  
  
\_\_\_\_\_  
Primary Care Giver

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