

Foster Family Home - Deficiency Report

Provider ID: 1-160032

Home Name: Glenda Pita, CNA

Review ID: 1-160032-16

760 Hoomalimali Street

Reviewer: Deborah Baumgart

Pearl City HI 96782

Begin Date: 1/13/2026

Foster Family Home **Required Certificate** **[11-800-6]**

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

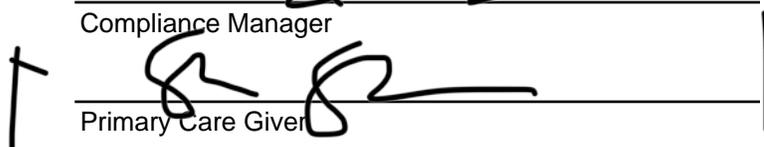
Comment:

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

CCFFH met all requirements at the time of the inspection.



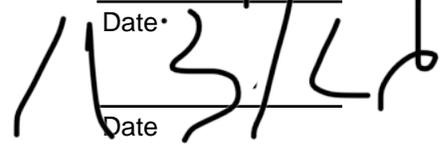
Compliance Manager



Primary Care Giver



Date



Date