

# Foster Family Home - Deficiency Report

Provider ID: 1-130033

Home Name: Pamela Cabato, CNA

Review ID: 1-130033-19

94-858 Lumihoahu Street

Reviewer: Deborah Baumgart

Waipahu HI 96797

Begin Date: 1/22/2026


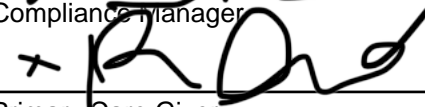
**Foster Family Home**      **Required Certificate**      **[11-800-6]**

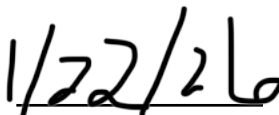
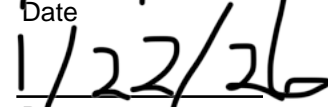
6.(d)(1)      Comply with all applicable requirements in this chapter; and

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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