

Foster Family Home - Corrective Action Report

Provider ID: 1-512039

Home Name: Benilda Sagabaen, CNA

Review ID: 1-512039-7

94-1141 Halelehua Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 6/22/2021

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

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

Comment:

Unannounced annual inspection for a 3 person CCFFH completed.

CCFFH is in compliance with all requirements.

Maribel Nakamine, RN 6/22/2021
Compliance Manager Date
Benilda B. Sagabaen 6/22/2021
Primary Care Giver Date