

Foster Family Home - Deficiency Report

Provider ID: 1-210007

Home Name: Jasmin Sacamos, CNA

Review ID: 1-210007-3

91-947 Akaholo Street

Reviewer: Jackie Chamberlain

Ewa Beach HI 96706

Begin Date: 12/5/2021

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

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

Comment:

6(d)(1) CCFFH inspection made for a 2 bed re-certification. CCFFH met all compliance requirements at the time of the CCFFH inspection.

No corrective action required.

 RN

Compliance Manager



Primary Care Giver

12/6/21

Date

12/6/21

Date