

Foster Family Home - Deficiency Report

Provider ID: 1-612186

Home Name: Josephine Sagayaga, CNA

Review ID: 1-612186-9

1483 Kalauipo Street

Reviewer: Maribel Nakamine

Pearl City HI 96782

Begin Date: 12/3/2021

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

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

Comment:

6.d.1- Unannounced recertification inspection conducted.

CCFFH is in compliance with all requirements. CCFFH will receive a 3 bed certification.

Maribel Nakamine, RN *12/3/2021*

Compliance Manager

Date

[Signature]

Primary Care Giver

12/3/2021

Date