

Foster Family Home - Deficiency Report

Provider ID: 1-560393

Home Name: Madeline Sagun, RN

Review ID: 1-560393-12

91-323 Hoalauna Place

Reviewer: Jackie Chamberlain

Ewa Beach HI 96706


Begin Date: 11/30/2021

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 annual inspection. CCFFH met all compliance requirements at the time of the CCFFH inspection. No corrective action required



Compliance Manager



Primary Care Giver

12/1/21

Date

12/1/21

Date