

Foster Family Home - Deficiency Report

Provider ID: 1-560450

Home Name: Juanita Sagon, CNA

Review ID: 1-560450-10

94-429 Hiapaiolo Loop

Reviewer: David Ayling

Waipahu HI 96797

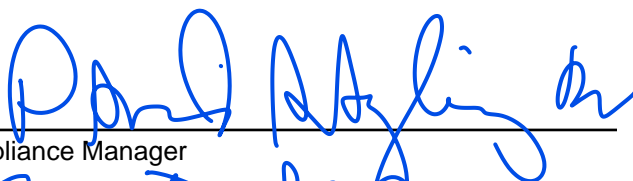
Begin Date: 3/4/2022

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


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

Comment:

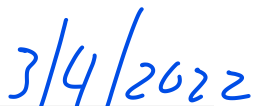
6.d.1 Annual unannounced inspection made today. Completed annual review. No deficiencies.



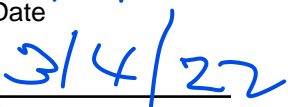
Compliance Manager



Primary Care Giver



Date



Date