

# Foster Family Home - Deficiency Report

Provider ID: 1-130032

Home Name: Carmelita Sabio, CNA

Review ID: 1-130032-11

94-384 Kahuanani Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 6/8/2022

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

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

Comment:

6.d.1- Unannounced annual inspection conducted.

No deficiencies found. CCFFH is in compliance with all requirements.

Maribel Nakamine, MS      6/8/22

Compliance Manager

Date

CSabio

6/8/22

Primary Care Giver

Date