

Foster Family Home - Deficiency Report

Provider ID: 1-512039

Home Name: Benilda Sagabaen, CNA

Review ID: 1-512039-9

94-1141 Halelehua Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 6/15/2022

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 recertification inspection conducted.

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

Maribel Nakamine 6/15/22
Compliance Manager Date

Benilda B. Sagabaen 6/15/22
Primary Care Giver Date