

Foster Family Home - Deficiency Report

Provider ID: 1-220067

Home Name: Sheryl Sabillo, CNA

Review ID: 1-220067-1

91-1076 Kaunolu Street

Reviewer: David Ayling

Ewa Beach HI 96706


Begin Date: 9/30/2022

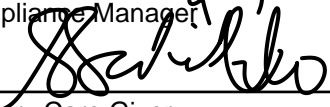
Foster Family Home **Required Certificate** **[11-800-6]**

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

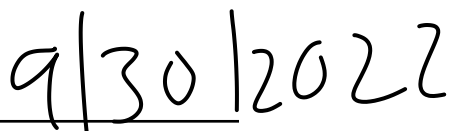
Comment:

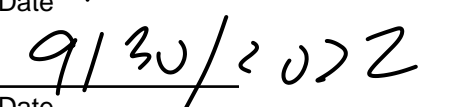
6.(d)(1) - Home inspection for a new 2 person CCFFH certification. All requirements were met at the time of inspection. Home will receive a 2-bed certification.



Compliance Manager


Primary Care Giver



Date


Date