

Foster Family Home - Deficiency Report

Provider ID: 1-564452

Home Name: Zenaida Sumagit, CNA

Review ID: 1-564452-14

115-A Cypress Avenue

Reviewer: Maribel Nakamine

Wahiawa HI 96786

Begin Date: 9/6/2022


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

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

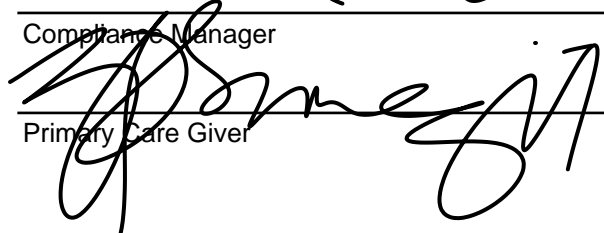
Comment:

6.d.1- Unannounced recertification inspection conducted.

CCFFH is in compliance with all requirements. CCFFH will receive a 2-bed certification.



Compliance Manager Date 9/6/22



Primary Care Giver Date 9/6/22