

Foster Family Home - Deficiency Report

Provider ID: 1-612186

Home Name: Josephine Sagayaga, CNA

Review ID: 1-612186-11

1483 Kalauipo Street

Reviewer: David Ayling

Pearl City HI 96782


Begin Date: 11/9/2022

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

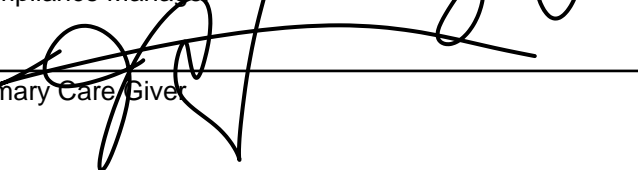
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

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



Compliance Manager



Primary Care Giver

Date 11/9/2022

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