

# Foster Family Home - Deficiency Report

Provider ID: 1-610495

Home Name: Michelle Sabangan, CNA

Review ID: 1-610495-13

98-1282 Hoohuali Place

Reviewer: Maribel Nakamine

Pearl City HI 96782

Begin Date: 11/22/2022


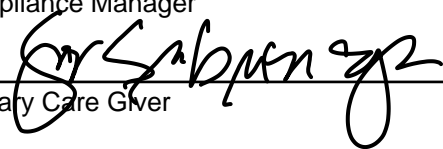
Foster Family Home	Required Certificate	[11-800-6]
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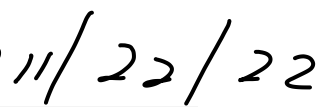
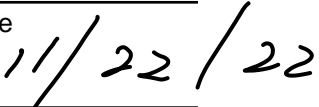
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.d.1- Unannounced recertification inspection conducted.

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

	
Compliance Manager	Primary Care Giver

	
Date	Date