

# Foster Family Home - Deficiency Report

Provider ID: 1-130032

Home Name: Carmelita Sabio, CNA

Review ID: 1-130032-13

94-384 Kahuanani Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 4/24/2023

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

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

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Comment:

6.d.1- Unannounced visit made for a 2-bed recertification inspection.

CCFFH met all requirements at the time of inspection.

Maribel Nakamine, RD

Compliance Manager

C. Sabio

Primary Care Giver

4/24/23

Date

4/24/23

Date