

Foster Family Home - Deficiency Report

Provider ID: 1-582917

Home Name: Gloria Sablay, CNA

Review ID: 1-582917-12

94-1038 Pupuhi Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 2/17/2023

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 visit made for a 2-bed recertification inspection.

CCFFH met all requirements at the time of the inspection.

Maribel Nakamine RN 2/17/23
Compliance Manager Date
Gloria Sablay 2/17/23
Primary Care Giver Date