

Foster Family Home - Deficiency Report

Provider ID: 1-599582

Home Name: Sharon Gasmen, CNA

Review ID: 1-599582-15

94-986 Kualua Place

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 1/31/2023

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 to a 3-bed recertification inspection.

CCFFH met all requirements at the time of inspection.

Maribel Nakamine, R

Compliance Manager Date *1/31/23*

[Signature]

Primary Care Giver Date *1/31/23*