Foster Family Home - Deficiency Report

Provider ID: 1-230055

Home Name:Norlito Sarmiento, NAReview ID:1-230055-194-232 Moena PlaceReviewer:David Ayling

Waipahu HI 96797 Begin Date: 7/28/2023

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

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

Comment:

6.(d)(1) - Home inspection for a new 2 person CCFFH certification. All requirements were met at the time of inspection. Home will receive a 2-bed certification.

Compliance Manager

Primary Care Giver

 $\frac{1}{28} \frac{2023}{2023}$

1-17-717

Date