

# Foster Family Home - Deficiency Report

Provider ID: 1-230074

Home Name: Meljorie Sarmiento, NA

Review ID: 1-230074-1

94-219 Kahuanani Street

Reviewer: David Ayling

Waipahu HI 96797

Begin Date: 10/24/2023

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) - 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.

David A. Ayling RN  
Compliance Manager

[Signature]  
Primary Care Giver

10/24/23  
Date

10/24/23  
Date