

Foster Family Home - Deficiency Report

Provider ID: 1-612186

Home Name: Josephine Sagayaga, CNA

Review ID: 1-612186-13

1483 Kalauipo Street

Reviewer: Maribel Nakamine

Pearl City HI 96782

Begin Date: 10/4/2023

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 CCFFH inspection made for a 2 bed CCFFH recertification. CCFFH met all compliance requirements at the time of the inspection. No corrective action required.

Maribel Nakamine, RN ^{10/4/23}
Compliance Manager Date

[Signature]
Primary Care Giver Date 10/4/23