

Foster Family Home - Deficiency Report

Provider ID: 1-599582

Home Name: Sharon Gasmen, CNA

Review ID: 1-599582-17

94-986 Kualua Place

Reviewer: Deborah Baumgart

Waipahu

HI 96797

Begin Date: 2/23/2024

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 3-bed annual inspection.

CCFFH met all requirements at the time of the inspection.



Compliance Manager

Primary Care Giver

2/23/24
Date
2/23/24
Date

2/23/2024 2:44:05 PM