

Foster Family Home - Deficiency Report

Provider ID: 1-564452

Home Name: Zenaida Sumagit, CNA

Review ID: 1-564452-18

115-A Cypress Avenue

Reviewer: Maribel Nakamine

Wahiawa HI 96786

Begin Date: 8/6/2024

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 2-bed recertification inspection.

CCFFH met all requirements at the time of inspection.

Maribel Nakamine, Rev *8/6/24*

Compliance Manager Date
Zenaida Sumagit *8/6/24*

Primary Care Giver Date