

# Foster Family Home - Deficiency Report

Provider ID: 1-612186

Home Name: Josephine Sagayaga, CNA

Review ID: 1-612186-15

1483 Kalauipo Street

Reviewer: Deborah Baumgart

Pearl City HI 96782

Begin Date: 10/9/2024

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

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

Comment:

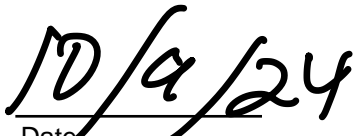
6.d.1- Unannounced visit made for a 3-bed annual inspection.

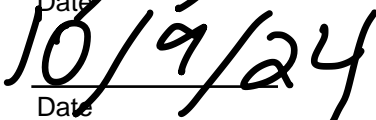
CCFFH met all requirements at the time of the inspection.

PCG requests to increase from 2-bed to 3-bed CCFFH

  
\_\_\_\_\_  
Compliance Manager

  
\_\_\_\_\_  
Primary Care Giver

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Date