

Foster Family Home - Deficiency Report

Provider ID: 1-240024

Home Name: Carmelita Sabillo, CNA

Review ID: 1-240024-1

91-1157 Garton Street

Reviewer: David Ayling

Ewa Beach HI 96706

Begin Date: 3/28/2024

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

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

Comment:

6.(d)(1) - 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 3/28/2024
Compliance Manager Date
Carmelita Sabillo 3/28/2024
Primary Care Giver Date