

Foster Family Home - Deficiency Report

Provider ID: 1-240024

Home Name: Carmelita Sabillo, CNA

Review ID: 1-240024-3

91-1157 Garton Street

Reviewer: Po Lim

Ewa Beach HI 96706

Begin Date: 1/3/2025

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 re-certification inspection.


CCFFH met all requirements at the time of the inspection.

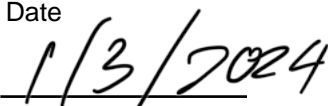


Compliance Manager



Primary Care Giver



Date


Date