

Foster Family Home - Deficiency Report

Provider ID: 1-560450

Home Name: Juanita Sagon, CNA

Review ID: 1-560450-18

94-429 Hiapaiole Loop

Reviewer: Deborah Baumgart

Waipahu HI 96797

Begin Date: 1/15/2026

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 annual inspection.

CCFFH met all requirements at the time of the inspection.



Compliance Manager



Primary Care Giver

1/15/26

Date
1/15/26

Date