

Foster Family Home - Deficiency Report

Provider ID: 1-586224

Home Name: Ofelia Sagucio, RN

Review ID: 1-586224-18

1721 Mahani Loop

Reviewer: David Ayling

Honolulu

HI 96819

Begin Date: 2/10/2026

Foster Family Home


Required Certificate


[11-800-6]

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

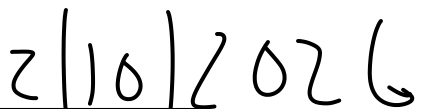
Comment:


6.(d)(1) - Unannounced Home inspection for a 2 person CCFFH recertification. All requirements were met at the time of inspection. Home will receive a 2-bed certification.



Compliance Manager


Primary Care Giver



Date


Date