

Foster Family Home - Deficiency Report

Provider ID: 1-250103

Home Name: Sheryll Sagayaga, CNA

Review ID: 1-250103-1

94-293 Hiwahiwa Place

Reviewer: Laurie Vosler

Waipahu HI 96797

Begin Date: 12/23/2025

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

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

Comment:

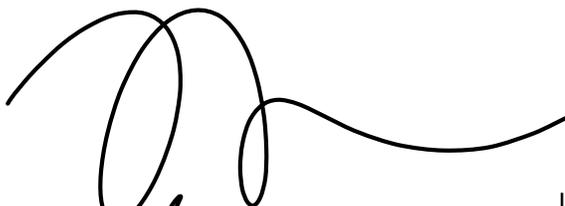
6.(d)(1) – CCFFH inspection conducted for a new 2 bed CCFFH certification. CCFFH met all compliance requirements at the time of the inspection. No corrective action required.

Foster Family Home Fiscal Requirements [11-800-52]

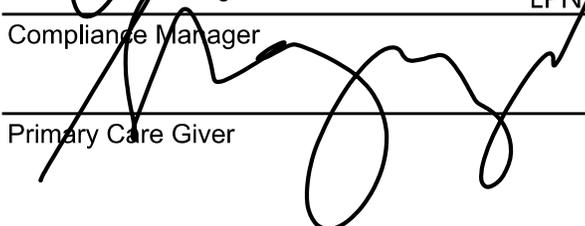
52.(a) The home shall have adequate resources to finance its services in accordance with the provisions of this chapter.

Comment:

52.(a)1-3 were reviewed, no clients in home. New Application.



Compliance Manager LPN



Primary Care Giver

12/23/2025

Date

12/23/2025

Date