

# Foster Family Home - Deficiency Report

Provider ID: 1-512039

Home Name: Benilda Sagabaen, CNA

Review ID: 1-512039-17

94-1141 Halelehua Street

Reviewer: Po Lim

Waipahu HI 96797

Begin Date: 4/9/2026


**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 inspection for a 3 bed CCFFH re-certification.

CCFFH met all requirements at the time of the inspection.

  
\_\_\_\_\_  
Compliance Manager

4/9/2026

\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Primary Care Giver

4/9/26

\_\_\_\_\_  
Date