

# Foster Family Home - Deficiency Report

Provider ID: 1-240048

Home Name: Desiree Sanchez, NA

Review ID: 1-240048-4

94-350 Kipou Place

Reviewer: David Ayling

Waipahu HI 96797


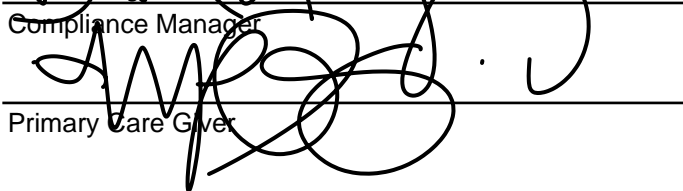
Begin Date: 4/7/2026

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

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

Comment:

6.(d)(1) - 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

4/7/2026  
\_\_\_\_\_  
Date  
4/7/2026  
\_\_\_\_\_  
Date