

Foster Family Home - Deficiency Report

Provider ID: 1-100002

Home Name: Janet Sugui, CNA

Review ID: 1-100002-19

339 Iliwai Drive

Reviewer: Deborah Baumgart

Wahiawa

HI 96786

Begin Date: 12/2/2025

Foster Family Home

Required Certificate


[11-800-6]

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


Comment:

6.d.1- Unannounced visit made for a 3-bed annual inspection.

CCFFH met all requirements at the time of the inspection.



Compliance Manager



Primary Care Giver

12/2/25
Date

12/2/25
Date