

Foster Family Home - Deficiency Report

Provider ID: 1-210007

Home Name: Jasmin Sacamos, CNA

Review ID: 1-210007-11

91-947 Akaholo Street

Reviewer: Deborah Baumgart

Ewa Beach HI 96706

Begin Date: 10/20/2025

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

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

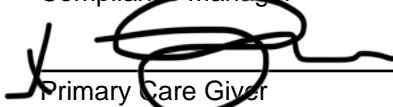
Comment:

6.d.1- Unannounced visit made for a 2-bed annual inspection.

CCFFH met all requirements at the time of the inspection.



Compliance Manager



Primary Care Giver

10/20/25

Date

10/20/25

Date