

Foster Family Home - Deficiency Report

Provider ID: 1-612186

Home Name: Josephine Sagayaga, CNA

Review ID: 1-612186-17

1483 Kalauipo Street

Reviewer: Ryan Nakamura

Pearl City HI 96782

Begin Date: 11/18/2025

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 CCFFH inspection made for a 3 bed CCFFH recertification. CCFFH met all compliance requirements at the time of the inspection. No corrective action required.



Compliance Manager



Primary Care Giver

11/18/25

Date

11/18/25

Date