

# Foster Family Home - Deficiency Report

Provider ID: 1-230013

Home Name: Vanessa B. Sacoco, CNA

Review ID: 1-230013-8

94-221 Pupukui Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 12/18/2025

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

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

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Comment:

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

CCFFH met all requirements at the time of inspection.

PCG requests to increase from a 2-bed to a 3-bed CCFFH.



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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date