

Foster Family Home - Corrective Action Report

Provider ID: 1-599053

Home Name: Carina Ocampo, CNA

Review ID: 1-599053-6

94-1215 Kahuaina Street

Reviewer: Lisa Johnson

Waipahu HI 96797

Begin Date: 4/29/2019

Foster Family Home

Required Certificate

[11-800-6]

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

Comment:

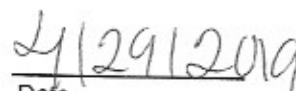
6.(d)(1) Home inspection for a 3 person CCFFH recertification made on 4/29/19.
Home is in compliance with all requirements.



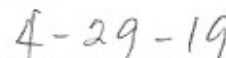
Compliance Manager



Primary Care Giver



Date



Date