

Foster Family Home - Deficiency Report

Provider ID: 1-599053

Home Name: Carina Ocampo, CNA

Review ID: 1-599053-12

94-409 Hene Street

Reviewer: Adrienne Kolo

Waipahu HI 96797


Begin Date: 3/4/2022

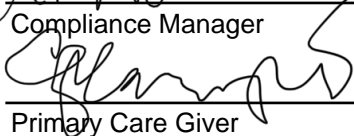
Foster Family Home **Required Certificate** **[11-800-6]**

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

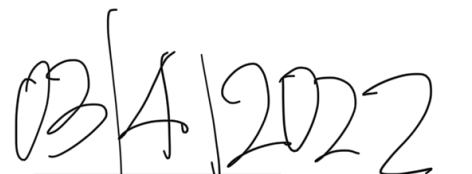
Comment:

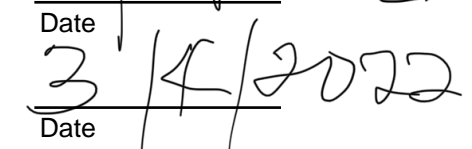
6.d.1 Annual unannounced inspection made today. Completed annual review. No deficiencies.



Compliance Manager


Primary Care Giver



Date


Date