

Foster Family Home - Deficiency Report

Provider ID: 1-220042

Home Name: Gail Oca, RN

Review ID: 1-220042-1

94-450 Awamoi Street

Reviewer: David Ayling

Waipahu HI 96797

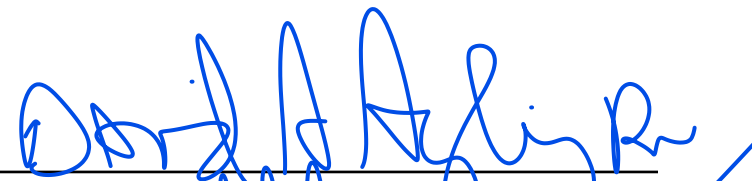
Begin Date: 6/8/2022

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


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

Comment:


6.(d)(1) - Home inspection for a new 2 person CCFFH certification. All requirements were met at the time of inspection. Home will receive a 2-bed certification.



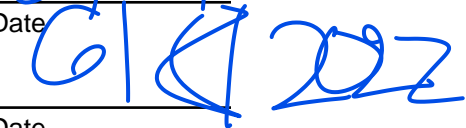
Compliance Manager



Primary Care Giver



Date



Date