

# Foster Family Home - Deficiency Report

Provider ID: 1-190038

Home Name: Roxan Mae Okamoto, CNA

Review ID: 1-190038-6

1178 Lunahana Place

Reviewer: Jackie Chamberlain

Kailua

HI 96734

Begin Date: 6/2/2022

**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) CCFFH inspection made for a 2 bed re-certification. CCFFH met all compliance requirements at the time of the CCFFH inspection.

No Deficiency Report issued.

CCFFH application for 3 bed is submitted and approved  
1 year certificate due to increase from 2 to 3 clients

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date