

Foster Family Home - Deficiency Report

Provider ID: 2-180052

Home Name: Jesusa Ocon, CNA

Review ID: 2-180052-9

15-1676 26th Olena Street

Reviewer: David Ayling

Kea'au HI 96749

Begin Date: 7/26/2022

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 3 person CCFFH recertification. All requirements were met at the time of inspection. Home will receive a 3-bed certification.



Compliance Manager

7/26/2022
Date



Primary Care Giver

7-26-2022
Date