

# Foster Family Home - Deficiency Report

Provider ID: 1-100060

Home Name: Christine Medrano-Gampayon, CNA

Review ID: 1-100060-12

823 Ihi Ihi Avenue

Reviewer: Deborah Baumgart

Wahiawa HI 96786

Begin Date: 11/16/2022

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

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

-----  
Comment:

6.d.1- Unannounced annual inspection conducted. No deficiencies found.

CCFFH is in compliance with all requirements.

  
\_\_\_\_\_  
Compliance Manager  
  
\_\_\_\_\_  
Primary Care Giver

  
\_\_\_\_\_  
Date  
  
\_\_\_\_\_  
Date