

Foster Family Home - Deficiency Report

Provider ID: 1-599053

Home Name: Carina Ocampo, CNA

Review ID: 1-599053-14

94-409 Hene Street

Reviewer: Jackie Chamberlain

Waipahu HI 96797

Begin Date: 1/20/2023

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


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

Comment:

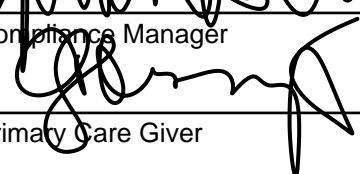
6(d)(1) CCFFH inspection made for a 3 bed re-certification.

CCFFH met all compliance requirements at the time of the CCFFH inspection.

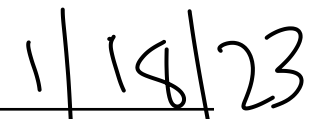
No plan of correction required.



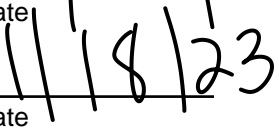
Compliance Manager



Primary Care Giver



Date



Date