

# Foster Family Home - Deficiency Report

Provider ID: 1-100060

Home Name: Christine Medrano-Gampayon, CNA

Review ID: 1-100060-14

823 Ihi Ihi Avenue

Reviewer: Maribel Nakamine

Wahiawa HI 96786

Begin Date: 12/5/2023


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


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

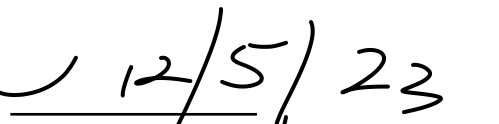
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Comment:

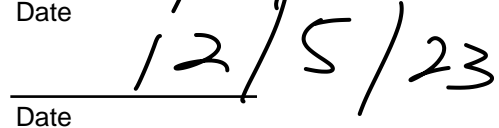
6.d.1- Unannounced visit made for a 3-bed recertification inspection.

CCFFH met all requirements at the time of inspection.

  
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Compliance Manager

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

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Date