

# Foster Family Home - Deficiency Report

Provider ID: 1-120010

Home Name: Grace Camacho, CNA

Review ID: 1-120010-16

94-728 Loaa Street

Reviewer: Terri Van Houten

Waipahu HI 96797

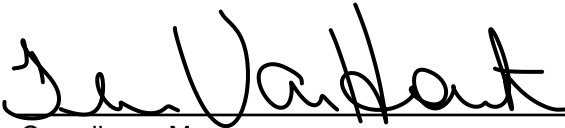
Begin Date: 12/13/2023

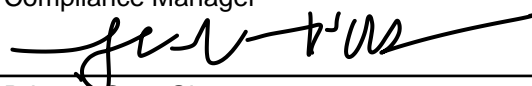
**Foster Family Home**      **Required Certificate**      **[11-800-6]**

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

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Comment:

6.(d)(1) – Unannounced annual inspection made for a 3bed CCFFH. CCFFH met all compliance requirements at the time of the inspection. No corrective action required.

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

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

12/13/23  
\_\_\_\_\_  
Date  
12/13/23  
\_\_\_\_\_  
Date