

Foster Family Home - Deficiency Report

Provider ID: 1-599053

Home Name: Carina Ocampo, CNA

Review ID: 1-599053-16

94-409 Hene Street

Reviewer: Deborah Baumgart

Waipahu HI 96797

Begin Date: 2/28/2024

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

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

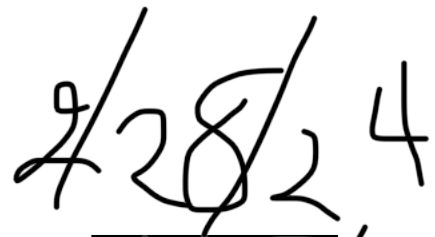
Comment:

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

CCFFH met all requirements at the time of the inspection.



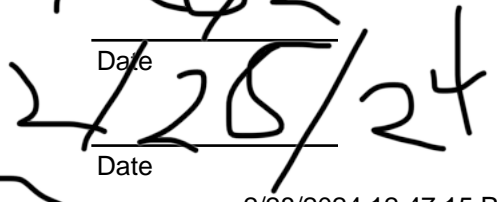
Compliance Manager



Date



Primary Care Giver



Date