

# Foster Family Home - Deficiency Report

Provider ID: 1-220054

Home Name: Carlito Camacho, CNA

Review ID: 1-220054-4

1552 Kalaepaa Drive

Reviewer: Maribel Nakamine

Honolulu

HI

96819

Begin Date: 5/1/2024

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 recertification inspection.

CCFFH met all requirements at the time of inspection.

PCG requests to increase from a 2-bed to a 3-bed CCFFH.

*Maribel Nakamine, RN*  
Compliance Manager  
*[Signature]*  
Primary Care Giver

Date  
*5/1/24*  
Date  
*5/1/24*