

Foster Family Home - Deficiency Report

Provider ID: 2-180052

Home Name: Jesusa Ocon, CNA

Review ID: 2-180052-13

15-1676 26th Olena Street

Reviewer: David Ayling

Kea'au HI 96749


Begin Date: 5/23/2024

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


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

Comment:

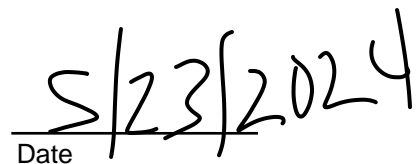
6.(d)(1) - Home inspection for a 2 person CCFFH recertification. All requirements were met at the time of inspection. Home will receive a 2-bed certification.



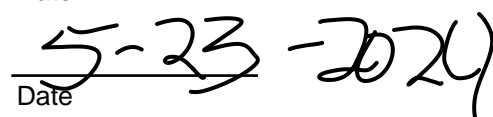
Compliance Manager



Primary Care Giver



Date



Date