

# Foster Family Home - Deficiency Report

Provider ID: 1-120010

Home Name: Grace Camacho, CNA

Review ID: 1-120010-18

94-728 Loaa Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 9/23/2024

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

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

Comment:

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

CCFFH met all requirements at the time of inspection.

Maribel Nakamine RAJ 9/23/24  
\_\_\_\_\_  
Compliance Manager      Date 9/23/24  
\_\_\_\_\_  
Primary Care Giver      Date 9/23/24