

# Foster Family Home - Deficiency Report

Provider ID: 1-100060

Home Name: Christine Medrano-Gampayon, CNA

Review ID: 1-100060-16

823 Ihi Ihi Avenue

Reviewer: Deborah Baumgart

Wahiawa HI 96786

Begin Date: 11/12/2024


**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

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

11/12/24  
\_\_\_\_\_  
Date

11/12/24  
\_\_\_\_\_  
Date