

Foster Family Home - Deficiency Report

Provider ID: 2-180052

Home Name: Jesusa Ocon, CNA

Review ID: 2-180052-15

15-1676 26th Olena Street

Reviewer: Deborah Baumgart

Kea'au HI 96749

Begin Date: 8/26/2025

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 2-bed annual inspection.

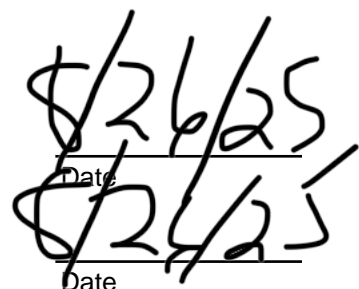
CCFFH met all requirements at the time of the inspection.



Compliance Manager



Primary Care Giver



Date