

Foster Family Home - Deficiency Report

Provider ID: 1-599053

Home Name: Carina Ocampo, CNA

Review ID: 1-599053-20

94-409 Hene Street

Reviewer: David Ayling

Waipahu HI 96797

Begin Date: 1/8/2026

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

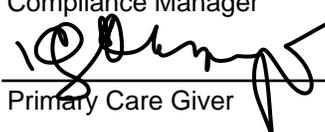
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

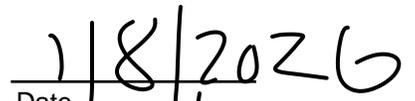
6.(d)(1) - Annual unannounced inspection made today. Completed annual review. No deficiencies.



Compliance Manager



Primary Care Giver


Date


Date