

Foster Family Home - Deficiency Report

Provider ID: 1-250075

Home Name: Joel Camantang, NA

Review ID: 1-250075-1

94-1103 Hoomakoa Street

Reviewer: Laurie Vosler

Waipahu HI 96797

Begin Date: 10/7/2025

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

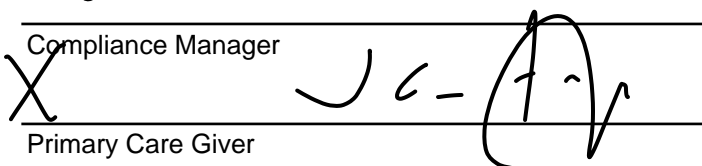
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) – CCFFH inspection conducted for a new 2 bed CCFFH certification. CCFFH met all compliance requirements at the time of the inspection. No corrective action required.



Compliance Manager



Primary Care Giver

10/7/2025

Date

10/7/2025

Date