

Foster Family Home - Deficiency Report

Provider ID: 1-100060

Home Name: Christine Medrano-Gampayon, CNA

Review ID: 1-100060-18

823 Ihi Ihi Avenue

Reviewer: David Ayling

Wahiawa HI 96786


Begin Date: 12/3/2025


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

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

Comment:

6.(d)(1) - Home inspection for a 3 person CCFFH recertification. All requirements were met at the time of inspection. Home will receive a 3-bed certification. CCFFH currently has only 1 Medicaid client.



Compliance Manager


Primary Care Giver 1

12/3/2025

Date
12/3/2025

Date