

Foster Family Home - Deficiency Report

Provider ID: 1-120010

Home Name: Grace Camacho, CNA

Review ID: 1-120010-20

94-728 Loaa Street

Reviewer: Laurie Vosler

Waipahu HI 96797

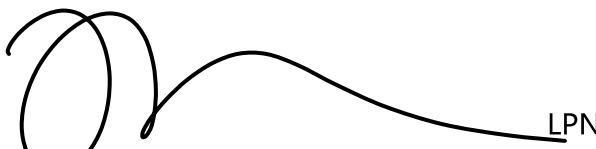
Begin Date: 10/29/2025

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 annual inspection made for a 3 bed CCFFH. CCFFH met all compliance requirements at the time of the inspection. No corrective action required.



LPN
Compliance Manager



Primary Care Giver

10/29/2025

Date

10/29/2025

Date