Foster Family Home - Deficiency Report

Provider ID:	**2-180052**		
Home Name:	**Jesusa Ocon, CNA**	**Review ID:**	**2-180052-16**
15-1676 26th Olena Street		Reviewer:	Po Lim
Kea'au HI 96749		Begin Date:	5/27/2026

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

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

Comment:

6(d)(1) Unannounced inspection for a 2 bed CCFFH re-certification.

42.a. Client#1 Form 1147 was expired on 2/10/2026 and no new in the file.

Deficiency Report issued during CCFFH inspection via email on 5/27/2026 with Plan of Correction due to CTA within 10 days of inspection date of issuance.

Foster Family Home **Personnel and Staffing** **[11-800-41]**

41.(b)(4) Cooperate with the department to complete a psychosocial assessment of the caregiving family system in accordance with section 11-800-7.(b)(2).

Comment:

41.b.4. Disclosure form was not up to date for CG#1. No disclosure form present for CG#2 and CG#3.

Compliance Manager — Date 5/27/2026

Primary Care Giver — Date 5-27-26

5/27/2026 2:30:31 PM