

Foster Family Home - Corrective Action Report

Provider ID: 1-090023

Home Name: Evelyn Ruiz, CNA

Review ID: 1-090023-3

94-1002 Kuakolu Place

Reviewer:

Waipahu

HI 96797

Begin Date: 5/20/2016

End Date:

5/20/16

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment:

Home visit [REDACTED] to recertify a 2 bed home. All requirements met at time of review. Home eligible for 2 bed, 2 year certificate.