

Foster Family Home - Corrective Action Report

Provider ID: 1-560541

Home Name: Luz Ruiz, CNA

Review ID: 1-560541-5

94-465 A Piliimai Street

Reviewer: David Ayling

Waipahu HI 96797

Begin Date: 9/5/2018

End Date: 9/5/18

Foster Family Home

Required Certificate

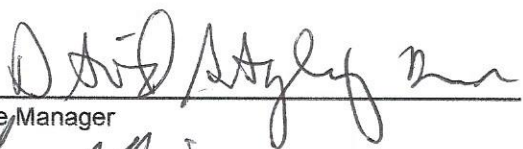
[17-1454-6]

6.(d)(i) Comply with all applicable requirements in this chapter, and

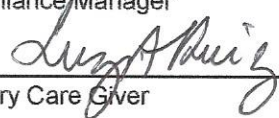
Comment:

Home visit for a 3 person CCFFH recertification review made on 9/5/18.

6.(d)(1) - Home in compliance with all requirements. Home will receive a 2 year 3 bed certification.


Compliance Manager

9/5/18
Date


Primary Care Giver

9/5/18
Date