

Foster Family Home - Corrective Action Report

Provider ID: 1-090023

Home Name: Evelyn Ruiz, CNA

Review ID: 1-090023-6

94-1002 Kuakolu Place

Reviewer: Julie Hastings

Waipahu HI 96797

Begin Date: 5/1/2020

Foster Family Home

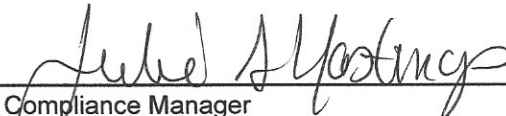
Required Certificate

[11-800-6]

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

Comment:

6.(d)(1)- Home inspection completed for a 3 person CCFFH recertification.
-Home is in compliance with all requirements. Home will receive a 3 bed certification.


Compliance Manager

5/6/20
Date


Primary Care Giver

5-1-2020
Date