

Foster Family Home - Corrective Action Report

Provider ID: 1-090023

Home Name: Evelyn Ruiz, CNA

Review ID: 1-090023-8

94-1002 Kuakolu Place

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 5/26/2021

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

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

Comment:

Unannounced annual inspection for a 3 person CCFFH completed. No deficiencies found.

Maribel Nakamine, RW 5/26/2021
Compliance Manager Date

Evelyn Ruiz 5/26/2021
Primary Care Giver Date