

Foster Family Home - Deficiency Report

Provider ID: 1-150061

Home Name: Fina M. Ramos, CNA

Review ID: 1-150061-8

91-1130 Nale Street

Reviewer: Jackie Chamberlain

Ewa Beach HI 96706


Begin Date: 8/10/2021

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


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

Comment:


6(d)(1) CCFFH inspection made for a 2 bed annual inspection. CCFFH met all compliance requirements at the time of the CCFFH inspection. No corrective action required
Increase to 3 bed CCFFH approved



Compliance Manager



Primary Care Giver



Date



Date