

Foster Family Home - Deficiency Report

Provider ID: 4-525272

Home Name: Renee Rames, CNA

Review ID: 4-525272-11

677 Maika Place

Reviewer: Terri Van Houten

Wailuku HI 96793

Begin Date: 8/18/2021

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

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

Comment:

6.(d)(1) – Unannounced annual home inspection made for a 2 bed CCFFH. Home met all compliance requirements at the time of the inspection. No corrective action required.



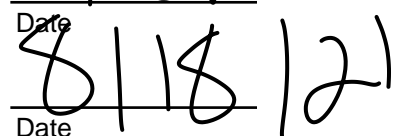
Compliance Manager



Primary Care Giver



Date



Date