

Foster Family Home - Deficiency Report

Provider ID: 1-140030

Home Name: Aileen Ramirez, CNA

Review ID: 1-140030-11

94-144 Awanui Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 2/8/2022

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 recertification inspection conducted.

CCFFH is in compliance with all requirements. CCFFH will receive a 3-bed certification.

Maribel Nakamine, RN 2/8/22
Compliance Manager Date

[Signature] 2/8/22
Primary Care Giver Date