

Foster Family Home - Deficiency Report

Provider ID: 1-200073

Home Name: Ruby A. Endres, NA

Review ID: 1-200073-3

46-329 Kumoo Loop

Reviewer: David Ayling

Kaneohe HI 96744

Begin Date: 2/9/2022

Foster Family Home	Required Certificate	[11-800-6]
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6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) - Home inspection for a new 2 person CCFFH certification. All requirements were met at the time of inspection. Home will receive a 2-bed certification.

Compliance Manager

Date

Primary Care Giver

Date