

# Foster Family Home - Deficiency Report

Provider ID: 1-090023

Home Name: Evelyn Ruiz, CNA

Review ID: 1-090023-10

94-1002 Kuakolu Place

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 3/24/2022

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

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

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Comment:

6.d.1- Unannounced recertification inspection conducted.

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

Maribel Nakamine, M  
Compliance Manager

3/24/22  
Date

Evelyn Ruiz  
Primary Care Giver

3/24/22  
Date