

Foster Family Home - Deficiency Report

Provider ID: 1-220020

Home Name: Kathrene Ramos, CNA

Review ID: 1-220020-1

94-947 Awanani Street

Reviewer: David Ayling

Waipahu HI 96797

Begin Date: 4/20/2022

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

Primary Care Giver

Date

Date