

# Foster Family Home - Deficiency Report

Provider ID: 1-586216

Home Name: Zenaida Ramos, CNA

Review ID: 1-586216-10

94-409 Pupukupa Street

Reviewer: Jackie Chamberlain

Waipahu HI 96797


Begin Date: 6/13/2022

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

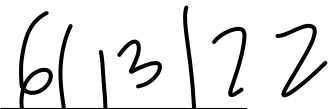
6.(d)(1)      Comply with all applicable requirements in this chapter; and

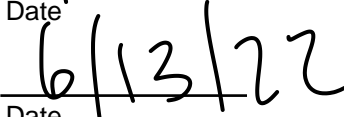
Comment:

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

  
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Compliance Manager

  
\_\_\_\_\_  
Primary Care Giver

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Date