

Foster Family Home - Deficiency Report

Provider ID: 1-220058

Home Name: Jamie Rankin, CNA

Review ID: 1-220058-1

1455 Meyers Street

Reviewer: David Ayling

Honolulu

HI 96819

Begin Date: 8/16/2022

Foster Family Home

Required Certificate

[11-800-6]

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

Comment:

6.(d)(1) - 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