

Foster Family Home - Deficiency Report

Provider ID: 1-560541

Home Name: Luz Ruiz, CNA

Review ID: 1-560541-12

94-465 A Pilimai Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 8/24/2022


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


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

Comment:

6.d.1- Unannounced recertification inspection conducted.

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

 8/24/22
Compliance Manager Date

 8/24/22
Primary Care Giver Date