

Foster Family Home - Deficiency Report

Provider ID: 1-564501

Home Name: Aristotle Ramos, CNA

Review ID: 1-564501-12

2820-B Kalihi Street

Reviewer: Maribel Nakamine

Honolulu

HI 96819

Begin Date: 10/18/2022

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.

Maribel Nakamine, RN 10/18/22

Compliance Manager Date
10/18/22

Primary Care Giver Date