

# Foster Family Home - Deficiency Report

Provider ID: 2-100019

Home Name: Rueda Ramos, CNA

Review ID: 2-100019-12

15-1588 31st Avenue

Reviewer: David Ayling

Kea'au HI 96749

Begin Date: 11/16/2022

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

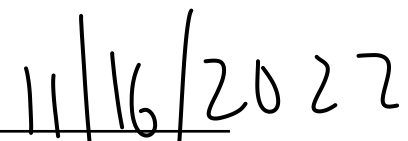
6.(d)(1)      Comply with all applicable requirements in this chapter; and

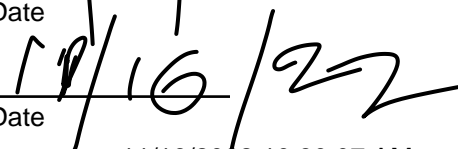
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Comment:

6.(d)(1) - Home inspection for a 3 person CCFFH recertification. All requirements were met at the time of inspection. Home will receive a 3-bed certification.

  
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Compliance Manager

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

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Date

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