

Foster Family Home - Deficiency Report

Provider ID: 1-586216

Home Name: Zenaida Ramos, CNA

Review ID: 1-586216-12

94-409 Pupukupa Street

Reviewer: Jackie Chamberlain

Waipahu HI 96797

Begin Date: 4/21/2023

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 annual inspection. CCFFH met all compliance requirements at the time of the CCFFH inspection.

No plan of correction required.


Compliance Manager


Primary Care Giver

4/21/23

Date

4/21/23

Date