

Foster Family Home - Deficiency Report

Provider ID: 1-180062

Home Name: Cynthia Ranada, NA

Review ID: 1-180062-11

94-174B Awanui Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 6/21/2023


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

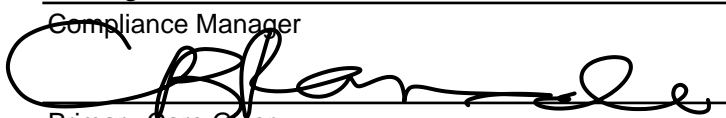
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.d.1- Unannounced visit made for a 2-bed recertification inspection.

CCFFH met all requirements at the time of inspection.



Compliance Manager Date 6/21/23


Primary Care Giver Date 6/21/23