

# Foster Family Home - Deficiency Report

Provider ID: 4-525272

Home Name: Renee Rames, CNA

Review ID: 4-525272-15

677 Maika Place

Reviewer: Terri Van Houten

Wailuku

HI

96793

Begin Date:

6/20/2023

Foster Family Home

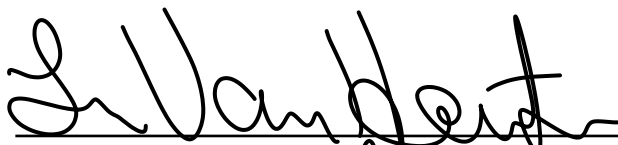
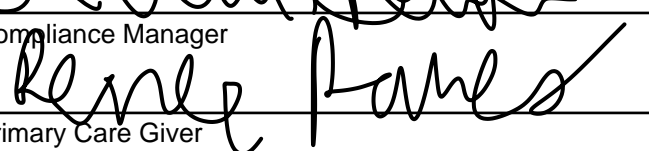
Required Certificate

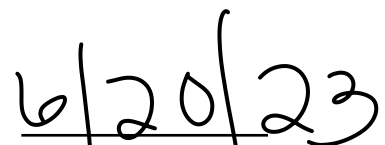
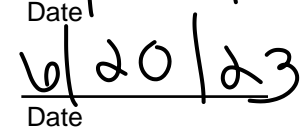
[11-800-6]

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

Comment:

6.(d)(1) – Unannounced annual inspection made for a 2 bed CCFFH. CCFFH met all compliance requirements at the time of the inspection. No corrective action required.

  
\_\_\_\_\_  
Compliance Manager  
  
\_\_\_\_\_  
Primary Care Giver

  
\_\_\_\_\_  
Date  
  
\_\_\_\_\_  
Date