

Foster Family Home - Deficiency Report

Provider ID: 2-100019

Home Name: Rueda Ramos, CNA

Review ID: 2-100019-14

15-1588 31st Avenue

Reviewer: David Ayling

Kea'au HI 96749

Begin Date: 11/1/2023

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

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

Comment:

6.(d)(1) - Annual unannounced inspection made today. Completed annual review. No deficiencies.



Compliance Manager Date 11/1/2023



Primary Care Giver Date 11/1/2023