

Foster Family Home - Deficiency Report

Provider ID: 1-560781

Home Name: Brigida Ramos, CNA

Review ID: 1-560781-13

3447 Ala Hapuu Street

Reviewer: Ryan Nakamua

Honolulu

HI . 96818

Begin Date: 2/28/2024

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 CCFFH inspection made for a 2 bed CCFFH recertification. CCFFH met all compliance requirements at the time of the inspection. No corrective action required.



Compliance Manager


Primary Care Giver



Date


Date