

Foster Family Home - Deficiency Report

Provider ID: 1-100010

Home Name: Gay Marie Ruedo, CNA

Review ID: 1-100010-15

94-573 Palai Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 3/7/2024

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 visit made for a 2-bed recertification inspection.

CCFFH met all requirements at the time of inspection.

Maribel Nakamine, RN *3/7/24*

Compliance Manager

Date

Gay Marie Ruedo

Primary Care Giver

Date

3/7/24