

Foster Family Home - Deficiency Report

Provider ID: 1-220058

Home Name: Jamie Rankin, CNA

Review ID: 1-220058-5

1455 Meyers Street

Reviewer: Deborah Baumgart

Honolulu

HI 96819

Begin Date: 5/29/2024

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 3-bed annual inspection.

CCFFH met all requirements at the time of the inspection.

PCG requests to increase to 3-bed.



Compliance Manager


Primary Care Giver



Date


Date