

# Foster Family Home - Deficiency Report

Provider ID: 1-560541

Home Name: Luz Ruiz, CNA

Review ID: 1-560541-16

94-465 A Pilimai Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 7/2/2024

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

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

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Comment:

6.d.1- Unannounced visit made for a 3-bed recertification inspection.

CCFFH met all requirements at the time of inspection.

*Maribel Nakamine, RN*

Compliance Manager

*Luz Ruiz*

Primary Care Giver

*7/2/24*

Date

*7/2/24*

Date