

Foster Family Home - Deficiency Report

Provider ID: 1-150061

Home Name: Fina M. Ramos, CNA

Review ID: 1-150061-14

91-1130 Nale Street

Reviewer: Po Lim

Ewa Beach HI 96706

Begin Date: 7/23/2024

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 re-certification inspection.

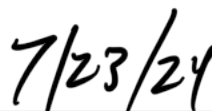
CCFFH met all requirements at the time of the inspection.



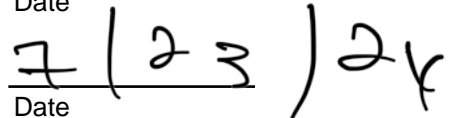
Compliance Manager



Primary Care Giver



Date



Date