

Foster Family Home - Deficiency Report

Provider ID: 1-240064

Home Name: Jaylee Ramos, CNA

Review ID: 1-240064-1

1029 Hulakui Drive

Reviewer: David Ayling

Honolulu

HI 96818

Begin Date: 8/30/2024

Foster Family Home

Required Certificate

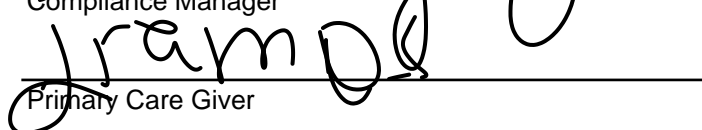
[11-800-6]

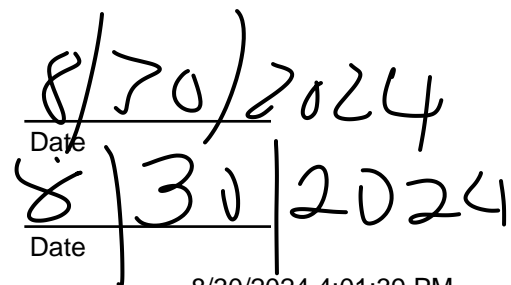
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) - Home inspection for a new 2 person CCFFH certification. All requirements were met at the time of inspection. Home will receive a 2-bed certification.


Compliance Manager


Primary Care Giver


Date
8/30/2024
Date