

Foster Family Home - Deficiency Report

Provider ID: 1-140069

Home Name: Jeramie P. Ramos, CNA

Review ID: 1-140069-8

91-1191 Kamoawa Street

Reviewer: David Ayling

Ewa Beach HI 96706

Begin Date: 10/18/2024

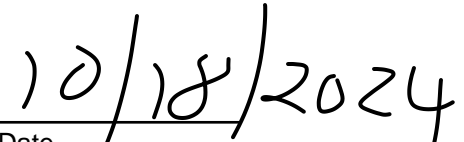
Foster Family Home **Required Certificate** **[11-800-6]**

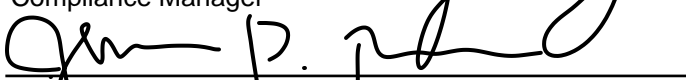
6.(d)(1) Comply with all applicable requirements in this chapter; and

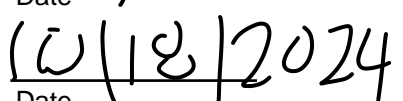
Comment:

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


Date


Primary Care Giver


Date