

Foster Family Home - Deficiency Report

Provider ID: 2-100019

Home Name: Rueda Ramos, CNA

Review ID: 2-100019-16

15-1588 31st Avenue

Reviewer: David Ayling

Kea'au

HI 96749

Begin Date: 11/12/2024

Foster Family Home

Required Certificate

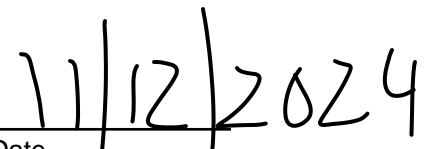
[11-800-6]

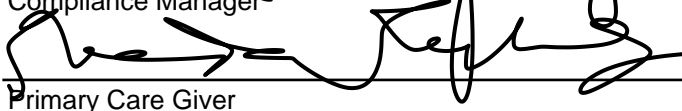
6.(d)(1) Comply with all applicable requirements in this chapter; and

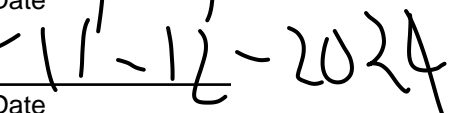
Comment:

6.(d)(1) - Home inspection for a 3 person CCFFH recertification. All requirements were met at the time of inspection. Home will receive a 3-bed certification.


Compliance Manager


Date


Primary Care Giver


Date