

Foster Family Home - Deficiency Report

Provider ID: 1-170039

Home Name: Loridhel Ramoran, RN

Review ID: 1-170039-8

94-414 Kahuanani Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 5/4/2022

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 recertification inspection conducted.

CCFFH is in compliance with all requirements. CCFFH will receive a 3-bed certification.

Maribel Nakamine, RN

5/4/22

Compliance Manager

Date

[Signature]
Primary Care Giver

Date

5/4/22