

Foster Family Home - Deficiency Report

Provider ID: 1-510364

Home Name: Jocelyn Ramelb, CNA

Review ID: 1-510364-13

94-1079 Lumiaina Street

Reviewer: Deborah Baumgart

Waipahu HI 96797

Begin Date: 10/21/2022


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

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

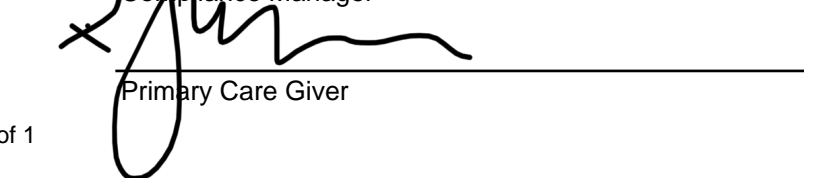
Comment:

6.d.1- Unannounced annual inspection conducted. No deficiencies found.

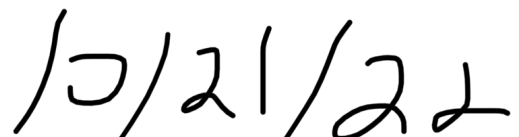
CCFFH is in compliance with all requirements.



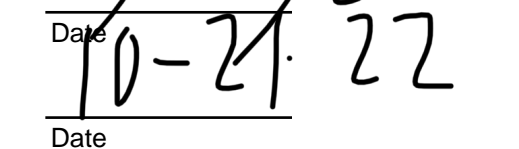
Compliance Manager



Primary Care Giver



Date



Date