

Foster Family Home - Deficiency Report

Provider ID: 1-170039

Home Name: Loridhel Ramoran, RN

Review ID: 1-170039-10

94-414 Kahuanani Street

Reviewer: Jackie Chamberlain

Waipahu HI 96797

Begin Date: 3/15/2023

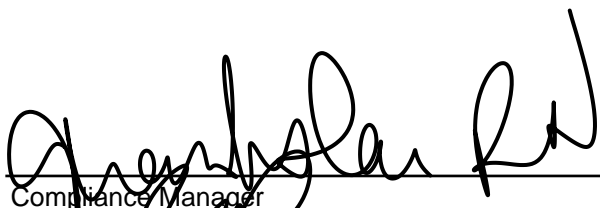
Foster Family Home **Required Certificate** **[11-800-6]**

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

Comment:

6(d)(1) CCFFH inspection made for a 3 bed annual inspection. CCFFH met all compliance requirements at the time of the CCFFH inspection.

No plan of correction required.



Compliance Manager



Primary Care Giver

3/15/23

Date

3/15/23

Date