

Foster Family Home - Deficiency Report

Provider ID: 1-560913

Home Name: Lydia Ramiscal, CNA

Review ID: 1-560913-16

94-1253 Henokea Street

Reviewer: Po Lim

Waipahu HI 96797

Begin Date: 3/22/2023

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

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

Comment:

6(d)(1) Unannounced visit made for a 3 bed re-certification inspection.

CCFFH met all requirements at the time of the inspection.



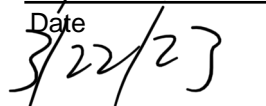
Compliance Manager



Primary Care Giver



Date



Date