

Foster Family Home - Deficiency Report

Provider ID: 1-631293

Home Name: Melanie Ramiro, CNA

Review ID: 1-631293-13

94-1116 Huakai Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 5/25/2023

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 recertification inspection.

CCFFH met all requirements at the time of inspection.

Maribel Nakamine, RW 5/25/23
Compliance Manager Date
[Signature] 5/25/23
Primary Care Giver Date