

Foster Family Home - Deficiency Report

Provider ID: 1-160066

Home Name: Ogilyn Ramos, CNA

Review ID: 1-160066-12

94-1084 Lumiauu Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 5/17/2023

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, RN 5/17/23
Compliance Manager
[Signature]
Primary Care Giver
Date 5/17/23
Date