

Foster Family Home - Deficiency Report

Provider ID: 1-200064

Home Name: Charmaine Claudine M. Ramos, CNA

Review ID: 1-200064-8

938 Paaaina Street

Reviewer: Po Lim

Pearl City HI 96782

Begin Date: 8/23/2023

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.



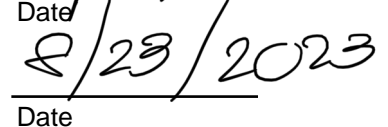
Compliance Manager



Primary Care Giver



Date



Date