

# Foster Family Home - Deficiency Report

Provider ID: 1-510364

Home Name: Jocelyn Ramelb, CNA

Review ID: 1-510364-15

94-1079 Lumiaina Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 9/5/2023

**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      9/5/23  
Compliance Manager      Date  
[Signature]      9/5/23  
Primary Care Giver      Date