

Foster Family Home - Deficiency Report

Provider ID: 1-190069

Home Name: Lilibeth Y. Ramel, CNA

Review ID: 1-190069-9

94-1157 Halelehua Street

Reviewer: Deborah Baumgart

Waipahu HI 96797

Begin Date: 12/12/2023

Foster Family Home

Required Certificate


[11-800-6]

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

Comment:

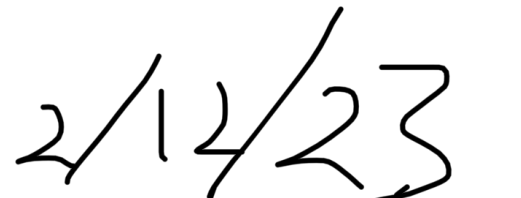
6.d.1- Unannounced visit made for a 2-bed annual inspection.

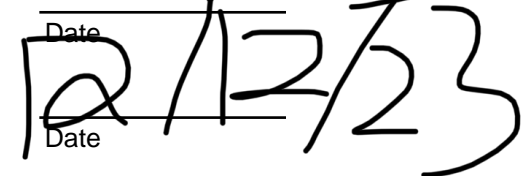
CCFFH met all requirements at the time of the inspection.



Compliance Manager


Primary Care Giver



Date


Date