

Foster Family Home - Deficiency Report

Provider ID: 1-160066

Home Name: Ogilyn Ramos, CNA

Review ID: 1-160066-14

94-1084 Lumiauau Street

Reviewer: Po Lim

Waipahu HI 96797

Begin Date: 5/23/2024

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 annual inspection.

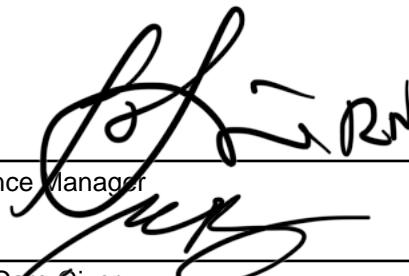
CCFFH met all requirements at the time of the inspection.

Compliance Manager

Primary Care Giver

Date

Date



5/23/2024

5/23/24