

Foster Family Home - Deficiency Report

Provider ID: 1-200064

Home Name: Charmaine Claudine M. Ramos, CNA

Review ID: 1-200064-10

938 Paaaina Street

Reviewer: Ryan Nakamura

Pearl City HI 96782

Begin Date: 8/6/2024

Foster Family Home **Required Certificate** **[11-800-6]**


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

Comment:

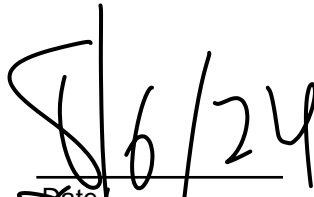
6.(d)(1) – Unannounced annual inspection made for a 3 bed CCFFH. CCFFH met all compliance requirements at the time of the inspection. No corrective action required.




Compliance Manager



Primary Care Giver



Date



Date