

# Foster Family Home - Deficiency Report

Provider ID: 1-510364

Home Name: Jocelyn Ramelb, CNA

Review ID: 1-510364-17

94-1079 Lumiaina Street

Reviewer: Deborah Baumgart

Waipahu HI 96797

Begin Date: 9/17/2024

**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

9/17/24  
\_\_\_\_\_  
Date

9/17/24  
\_\_\_\_\_  
Date