

# Foster Family Home - Deficiency Report

Provider ID: 1-595803

Home Name: Asela Ramos, CNA

Review ID: 1-595803-11

94-949 Hiapo Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 10/30/2024

**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 2-bed recertification inspection.

CCFFH met all requirements at the time of inspection.

Maribel Nakamine, RW 10/30/24  
\_\_\_\_\_  
Compliance Manager      Date  
\_\_\_\_\_  
Primary Care Giver      10/30/24  
\_\_\_\_\_  
Date