

Foster Family Home - Deficiency Report

Provider ID: 1-631293

Home Name: Melanie Ramiro, CNA

Review ID: 1-631293-17

94-1116 Huakai Street

Reviewer: Maribel Nakamine

Waipahu

HI

96797

Begin Date: 6/16/2025

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 recertification inspection.

CCFFH met all requirements at the time of the inspection.

Maribel Nakamine, RN 6/16/25
Compliance Manager
Date
6/16/25
Primary Care Giver
Date