

Foster Family Home - Deficiency Report

Provider ID: 1-240052

Home Name: Gemma Grace Ravelo, RN

Review ID: 1-240052-4

94-378 Kipou Street

Reviewer: Maribel Nakamine

Waipahu

HI 96797

Begin Date: 4/15/2026

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 inspection made for a 2-bed recertification.

CCFFH met all requirements at the time of inspection. No corrective action required.


Compliance Manager


Primary Care Giver


Date


Date