

Foster Family Home - Deficiency Report

Provider ID: 1-190069

Home Name: Lilibeth Y. Ramel, CNA

Review ID: 1-190069-13

94-1157 Halelehua Street

Reviewer: Laurie Vosler

Waipahu HI 96797

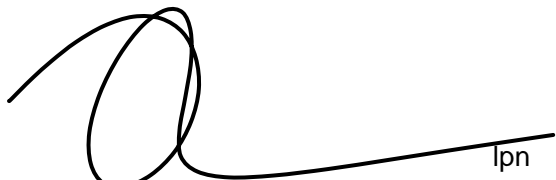
Begin Date: 9/29/2025

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 annual inspection made for a 2 bed CCFFH. CCFFH met all compliance requirements at the time of the inspection. No corrective action required.



Compliance Manager lpn



Primary Care Giver

09/30/2025

Date

09/30/2025

Date