

Foster Family Home - Deficiency Report

Provider ID: 1-170039

Home Name: Loridhel Ramoran, RN

Review ID: 1-170039-16

94-414 Kahuanani Street

Reviewer: Po Lim

Waipahu HI 96797

Begin Date: 4/27/2026

Foster Family Home **Required Certificate** **[11-800-6]**

6.(d)(1) Comply with all applicable requirements in this chapter; and

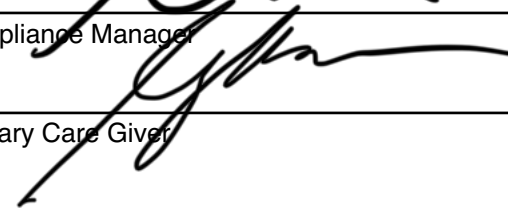
Comment:

6(d)(1) Unannounced inspection for a 3 bed CCFFH re-certification.

CCFFH met all requirements at the time of the inspection.



Compliance Manager



Primary Care Giver

4/27/2026
Date

4/27/2026
Date