

Foster Family Home - Deficiency Report

Provider ID: 1-250022

Home Name: Myca Ramel, CNA

Review ID: 1-250022-1

94-817 Kime Street

Reviewer: Laurie Vosler

Waipahu

HI

96797

Begin Date: 5/20/2026

Foster Family Home	Required Certificate	[11-800-6]
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6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) – CCFFH inspection conducted for a new 2 bed CCFFH certification. Report issued during CCFFH inspection with written plan of correction due to CTA within 10 business days from receipt of deficiency report.

Foster Family Home	Personnel and Staffing	[11-800-41]
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41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

41.(f)(1) CCFFH did not have evidence of current TB clearance on approved Department of Health Form for HHM # 1. (Form F, G, & H)

Foster Family Home	Physical Environment	[11-800-49]
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49.(a)(4) Wheelchair accessibility to sleeping rooms, bathrooms, common areas and exits, as appropriate;

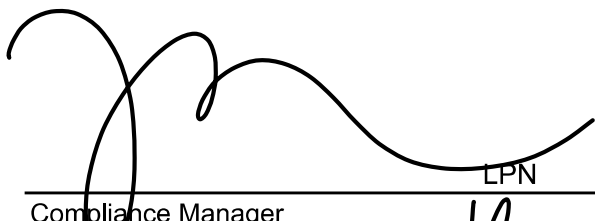
49.(a)(5) An operating underwriters laboratory approved smoke detector and fire extinguisher in appropriate locations; and

Comment:

49. (a)(4) No ramps noted at entry/exit ways for wheelchair accessibility.

49. (a)(5) No Fire extinguisher present at time of inspection within CCFFH.

49. (a)(5) CCFFH did not have smoke detectors present at time of inspection.


LPN
Compliance Manager

Primary Care Giver

05/20/2026

Date

05/20/2026

Date