# Foster Family Home - Deficiency Report

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|---|---|---|---|
| **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]**

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]**

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]**

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

05/20/2026

Date

Primary Care Giver

05/20/2026

Date