

Foster Family Home - Deficiency Report

Provider ID: 1-160066

Home Name: Ogilyn Ramos, CNA

Review ID: 1-160066-17

94-1084 Lumiauau Street

Reviewer: David Ayling

Waipahu HI 96797

Begin Date: 6/16/2026

Foster Family Home

Required Certificate

[11-800-6]

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

Comment:

6.(d)(1) - Home inspection for a 3 person CCFFH recertification. All requirements were met at the time of inspection. Home will receive a 3-bed certification.

Compliance Manager

Primary Care Giver

Date

Date

6/16/2026 1:45:46 PM