

# Foster Family Home - Deficiency Report

Provider ID: 1-180062

Home Name: Cynthia Ranada, NA

Review ID: 1-180062-13

94-174B Awanui Street

Reviewer: Ryan Nakamura

Waipahu HI 96797

Begin Date: 6/24/2024

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

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

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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.



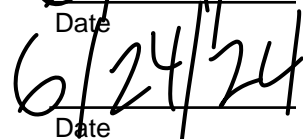
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Compliance Manager



\_\_\_\_\_  
Primary Care Giver



\_\_\_\_\_  
Date



\_\_\_\_\_  
Date