

Foster Family Home - Deficiency Report

Provider ID: 1-150061

Home Name: Fina M. Ramos, CNA

Review ID: 1-150061-16

91-1130 Nale Street

Reviewer: Deborah Baumgart

Ewa Beach HI 96706

Begin Date: 7/29/2025

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 visit made for a 3-bed annual inspection.

CCFFH met all requirements at the time of the inspection.



Compliance Manager


Primary Care Giver

7/29/25

Date
7/29/25

Date