

Foster Family Home - Deficiency Report

Provider ID: 1-250018

Home Name: Marilyn Ramos, NA

Review ID: 1-250018-2

94-1253 Henokea Street

Reviewer: David Ayling

Waipahu HI 96797

Begin Date: 6/26/2025

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

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

Comment:

6.(d)(1) - Home inspection for a new 2 person CCFFH certification. Deficiency Report issued during home inspection with written plan of correction due to CTA by 7/26/25.

Foster Family Home Background Checks [11-800-8]

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(1)(2) - APS/CAN and eCrim expired on 6/23/2025 for CG #2. No current Sex Offender for CG #2. No APS/CAN, eCrim, and Sex Offender for HHM #1.

Foster Family Home Information Confidentiality [11-800-16]

16.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.

Comment:

16.(b)(5) - Training and confidentiality policies and procedures not signed by CG #2 and HHM #1.

Foster Family Home Personnel and Staffing [11-800-41]

41.(b)(4) Cooperate with the department to complete a psychosocial assessment of the caregiving family system in accordance with section 11-800-7.(b)(2).

Comment:

41.(b)(4) - No current SCG Disclosure form for CG #2.

Compliance Manager

Primary Care Giver

Date

Date