

Foster Family Home - Deficiency Report

Provider ID: 1-180062

Home Name: Cynthia Ranada, NA

Review ID: 1-180062-15

94-174B Awanui Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

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 2-bed recertification inspection.

CCFFH met all requirements at the time of inspection.

Maribel Nakamine, Per 7/29/25
Compliance Manager
CJ Keane
Primary Care Giver
Date 7/29/25
Date