

Foster Family Home - Deficiency Report

Provider ID: 1-100010

Home Name: Gay Marie Ruedo, NA

Review ID: 1-100010-19

94-573 Palai Street

Reviewer: Ryan Nakamura

Waipahu HI 96797

Begin Date: 2/18/2026

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

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

Comment:

6.(d)(1) - Unannounced CCFFH inspection for 2 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA within 10 business days (inspection date: 2/18/2026).

Foster Family Home Physical Environment [11-800-49]

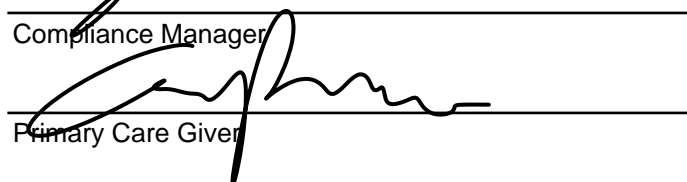
49.(a)(5) An operating underwriters laboratory approved smoke detector and fire extinguisher in appropriate locations; and

Comment:

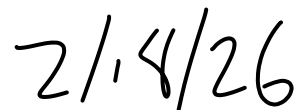
49.(a)(5): Only fire extinguisher present at CCFFH read it was empty.



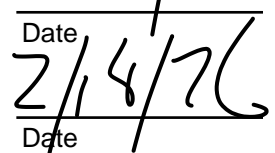
Compliance Manager



Primary Care Giver



Date



Date