

Foster Family Home - Deficiency Report

Provider ID: 1-110041

Home Name: Orlando Ramos, Jr., CNA

Review ID: 1-110041-20

94-1004 Puloku Street

Reviewer: Ryan Nakamura

Waipahu

HI 96797

Begin Date: 2/25/2026

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 3 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA within 10 business days (inspection date: 2/25/2026).

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): 2nd set of consecutive years of APS/CAN/criminal background checks were due by 9/16/2025 and completed 11/17/2025 for HHM#5.

8.(a)(1): Criminal background check was due by 3/01/2025 and completed 6/04/2025 for CG#1, CG#2, and CG#3.

8.(a)(2): APS/CAN clearance was due by 3/09/2025 and completed on 6/10/2025 for CG#2 and CG#3.

Foster Family Home Client Care and Services [11-800-43]

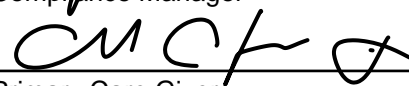
43.(c)(3) Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may delegate client care and services as provided in chapter 16-89-100.

Comment:

43.(c)(3): No evidence present in CCFFH records of topical medication administration RN delegations were given client #1 for all caregivers.



Compliance Manager



Primary Care Giver

2/25/26

Date

2/25/26

Date