

# Foster Family Home - Deficiency Report

Provider ID: 1-250067

Home Name: Rose Jane Ramos, RN

Review ID: 1-250067-1

94-350 Apowale Street

Reviewer: David Ayling

Waipahu HI 96797

Begin Date: 10/1/2025

## 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 11/1/25.

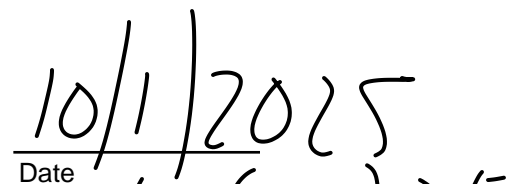

## Foster Family Home Background Checks [11-800-8]

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) - No current Sex Offender checks for CG #2, CG #3, HHM #2, 3, 4, 5, and 6.

  
Compliance Manager  
  
Primary Care Giver

  
Date  
  
Date