

Foster Family Home - Deficiency Report

Provider ID: 1-140030

Home Name: Aileen Ramirez, CNA

Review ID: 1-140030-19

94-144 Awanui Street

Reviewer: Deborah Baumgart

Waipahu HI 96797

Begin Date: 3/23/2026


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

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

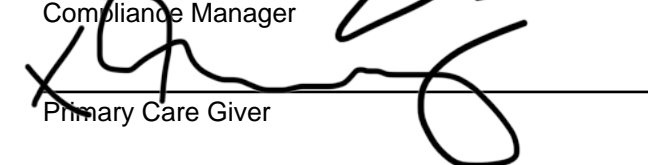
Comment:

6.d.1- Unannounced visit made for a 3-bed annual inspection.


CCFFH met all requirements at the time of the inspection.



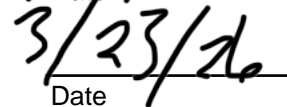
Compliance Manager



Primary Care Giver



Date



Date