

Foster Family Home - Deficiency Report

Provider ID: 1-560781

Home Name: Brigida Ramos, CNA

Review ID: 1-560781-17

3447 Ala Hapuu Street

Reviewer: Po Lim

Honolulu

HI 96818

Begin Date: 4/13/2026

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 inspection for a 2 bed CCFFH re-certification.

42.a.1. Client #2 has expired Form 1147 on 2/8/2026.

Deficiency Report issued during CCFFH inspection via email on 4/13/2026 with Plan of Correction due to CTA within 10 days of inspection date of issuance.

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

8.(c) The department shall make a name inquiry into the criminal history records for the first two years a case management agency is licensed or a home is certified and annually or biennially thereafter depending on the licensure status of the case management agency or certification status of the home.

Comment:

8(c) State Name Check (eCrim) was overdue for CG#1 and #2. State Name Check (eCrim) was due on or before 4/3/2026 and was not present in the CCFFH file.

Foster Family Home Fire Safety [11-800-46]

46.(b)(2) All caregivers have been trained to implement appropriate emergency procedures in the event of a fire.

Comment:

46.(b)(2)- CG#3 did not have evidence of conducting a monthly fire drill within the past 12 months.

Compliance Manager

Primary Care Giver

Date

Date