

Foster Family Home - Deficiency Report

Provider ID: 1-250006

Home Name: Princess Joann Ramoran, NA

Review ID: 1-250006-3

94-1058 Lumialani Street

Reviewer: David Ayling

Waipahu

HI 96797

Begin Date: 12/15/2025

Foster Family Home

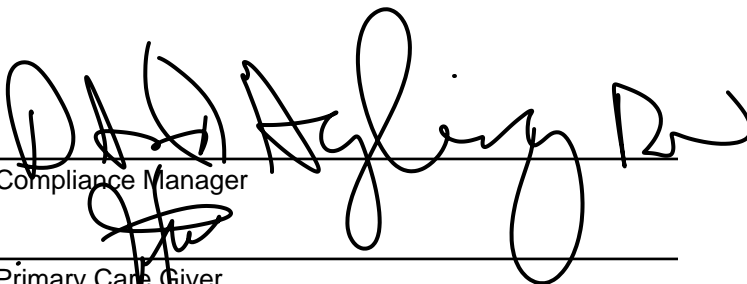
Required Certificate

[11-800-6]

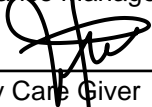
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) - Home inspection for a 2 person CCFFH recertification. All requirements were met at the time of inspection. Home will receive a 2-bed certification.



Compliance Manager



Primary Care Giver

12/15/2025
Date

12-15-2025
Date