

# Foster Family Home - Deficiency Report

Provider ID: 2-100019

Home Name: Rueda Ramos, CNA

Review ID: 2-100019-18

15-1588 31st Avenue

Reviewer: Laurie Vosler

Kea'au HI 96749

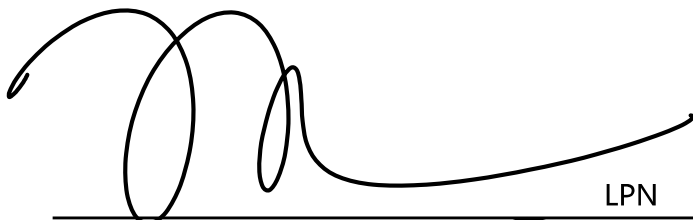
Begin Date: 11/20/2025

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

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

Comment:

6.(d)(1) – Unannounced annual inspection made for a 3bed CCFFH. CCFFH met all compliance requirements at the time of the inspection. No corrective action required.



LPN

Compliance Manager

11/20/25

Date



Primary Care Giver

11/20/25

Date