

# Foster Family Home - Corrective Action Report

Provider ID: 1-140030

Home Name: Aileen Ramirez, CNA

94-006 Poailani Circle

Waipahu

HI 96797

Review ID: 1-140030-2

Reviewer: Joan Scalzone

Begin Date: 2/17/2015

End Date: 2/17/15

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment:

Home visit for recertification of 2 bed home on 2/17/15. All requirements met at time of visit. There have been no clients in home since initial certification. Eligible for 1 year recertification.

Joan Scalzone RN MSN  
Compliance Manager

Aileen V. Ramirez  
Primary Care Giver

2/17/15  
Date

02/17/15  
Date