

Foster Family Home - Corrective Action Report

Provider ID: 4-525272

Home Name: Renee Rames, CNA

Review ID: 4-525272-5

677 Maika Place

Reviewer: [REDACTED]

Wailuku HI 96793

Begin Date: 8/26/2015

End Date: 8/26/15

Foster Family Home Required Certificate

[17-1454-6]

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

Comment:

Home visit on 8/26/15 for 2 bed home. All requirements met at time of review. Home eligible for 2 year 2 bed certificate.

[REDACTED] RAMS
Compliance Manager
Renee Rames
Primary Care Giver

8/26/15
Date
8/26/15
Date