

Foster Family Home - Corrective Action Report

Provider ID: 1-561127

Home Name: Glenda Ramo, CNA

Review ID: 1-561127-3

94-402 Lehopuiu Street

Reviewer:

Waipahu HI 96797

Begin Date 7/13/2015

End Date: 7/13/15

Foster Family Home

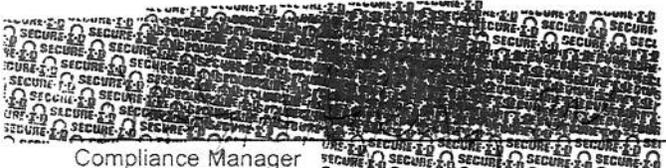
Required Certificate

[17-1454-6]

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

Comment

Home visit for a 2 person recertification review made on 7/13/15. Home is in compliance with all requirements. Home will receive a 2 year 2 bed certification.



Compliance Manager

[Handwritten signature]

Primary Care Giver

Date

7/13/15

Date

07/13/15