

# Foster Family Home - Corrective Action Report

Provider ID: 1-110053

Home Name: Jesusa Ramos, CNA

Review ID: 1-110053-5

94-722 Loa Street

Reviewer: [REDACTED]

Waipahu HI 96797

Begin Date: 2/24/2015

End Date:

2/24/15

**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 review of 3 client home on 2/24/2015. All requirements met at time of visit. Home eligible for 2 year certificate.

*Jan Acasone RN MSN*  
Compliance Manager

*[Signature]*  
Primary Care Giver

2/24/15  
Date

2/24/15  
Date