

Foster Family Home - Corrective Action Report

Provider ID: 1-580581
 Home Name: Maria Ramos, CNA
 3544 Puuku Mauka Drive
 Honolulu HI 96818
 Review ID: 1-580581-2
 Reviewer: [Redacted]
 Begin Date: 1/23/2015 End Date: 1/23/15

Foster Family Home Required Certificate [17-1454-8]

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

Comment:

Review for recertification. All items present at time of review.

S. Bach, CM
 Compliance Manager
Maria Ramos
 Primary Care Giver

1/23/15
 Date
1/23/15
 Date