

### Foster Family Home - Corrective Action Report

Provider ID: 2-100019

Home Name: Rueda Ramos, CNA

15-1588 31st Avenue

Keaau HI 96749

Review ID: 2-100019-2

Reviewer:

Begin Date: 1/27/2015

End Date:

*1/27/15*

Foster Family Home Required Certificate [17-1454-6]

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

Comment:

Home visit made to survey for recertification. Adult household member in compliance on day of review. Home in compliance on day of review. Home will be recertified for two years for three clients.

[Redacted Signature]

Compliance Manager

*1/27/2015*

Date

Primary Care Giver

Date