

Foster Family Home - Corrective Action Report

Provider ID: 1-110041

Home Name: Orlando Ramos, Jr., CNA

Review ID: 1-110041-4

1712 Kamehameha IV Rd.

Reviewer:

Honolulu HI 96819

Begin Date: 3/2/2016

End Date:

3/2/16

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment:

Home visit on 3/2/16 for recertification of 3 bed home. All requirements met at time of review. Home to receive 2 year 3 bed certification.

Compliance Manager

[Redacted Signature]

Primary Care Giver

Date

03/02/2016

Date