

# Foster Family Home - Corrective Action Report

Provider ID: 1-613796

Home Name: Ana Ramos, RN

Review ID: 1-613796-3

91-1032 Kalapu Street

Reviewer:

Ewa Beach HI 96706

Begin Date: 8/9/2016

End Date: 8/9/16

**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 [REDACTED]  
Home is in compliance with all requirements. Home will receive a 2 year 2 bed certification.

\_\_\_\_\_  
Compliance Manager

\_\_\_\_\_  
Primary Care Giver

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

8/9/2016