

JD:

Foster Family Home - Corrective Action Report

Provider ID: 1-560781
Home Name: Brigida Ramos, CNA Review ID: 1-560781-3
3447 Ala Hapuu Street Reviewer:
Honolulu HI 96818 Begin Date: 4/26/2016 End Date: 4/26/16

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

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

Comment:

Home visit to 2 client home for recertification [REDACTED] All requirements met at time of review.

