

Foster Family Home - Corrective Action Report

Provider ID: 1-120034

Home Name: Melody Ramiro, CNA

Review ID: 1-120034-4

94-1198 Hina Street

Reviewer:

Waipahu

HI 96797

Begin Date: 6/15/2016

End Date:

6/15/16

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment:

Home visit [REDACTED] for recertification review of 3 bed home. All requirements met at time of review. Home to receive a 2 year, 3 bed certificate.