

# Foster Family Home - Corrective Action Report

Provider-ID: 1-150031

Home Name: Lodenila Ramos, CNA

Review ID: 1-150031-3

99-017 Kauhale St.

Reviewer:

Aiea HI 96701

Begin Date: 8/31/2016

End Date: 8/31/16

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment:

Home visit on 8/31/16 for recertification of 2 bed home changing to 3 bed. All requirements met at time of review. Home eligible for 1 year 3 bed certificate.

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



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

\_\_\_\_\_  
Date

8-31-16

\_\_\_\_\_  
Date