

# Foster Family Home - Corrective Action Report

Provider ID: 1-510364

Home Name: Jocelyn Ramelb, CNA

Review ID: 1-510364-5

94-1079 Lumialna Street

Reviewer: J

Waipahu HI 96797

Begin Date: 11/21/2016

End Date: 11/21/16

Foster Family Home Required Certificate

[17-1454-6]

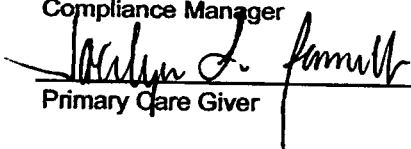
6.(d)(1) Comply with all applicable requirements in this chapter, and

Comment:

Home visit for a 2 person CCFFH recertification review made on 11/21/16. Home is in compliance with all requirements. Home will receive a 2 year 2 bed certification.

Compliance Manager

Primary Care Giver



Date

11-21-16

Date