

### Foster Family Home - Corrective Action Report

**Provider ID:** 2-160018  
**Home Name:** Mary Rose Ramirez  
 18-1331 Pohaku Circle  
 Keaau HI 96749  
**Review ID:** 2-160018-1  
**Reviewer:**  
**Begin Date:** 4/20/2016 **End Date:** 4/20/16

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

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

Comment:

Survey performed to certify two client home, new application. Home in compliance on day of survey. Corrective Action Report issued with no plan of correction due to CTA. Home will be certified for one year for two clients.

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

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

4/22/16  
\_\_\_\_\_  
Date

4/22/16  
\_\_\_\_\_  
Date