

Foster Family Home - Corrective Action Report

Provider ID: 1-110053

Home Name: Jesusa Ramos, CNA

Review ID: 1-110053-6

94-722 Loaa Street

Reviewer:

Waipahu HI 96797

Begin Date: 2/7/2017

End Date: 2/7/17

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 3 person CCFFH recertification review made on 2/7/17. Home is in compliance with all requirements. Home will receive a 2 year 3 bed certification.

Compliance Manager

Primary Care Giver

Date

Date

2/7/17