

# Foster Family Home - Corrective Action Report

Provider ID: 1-140030

Home Name: Aileen Ramirez, CNA

Review ID: 1-140030-4

94-006 Poalani Circle

Reviewer:

Waipahu

HI 96797

Begin Date: 2/23/2017

End Date:

2/23/17

Foster Family Home Required Certificate

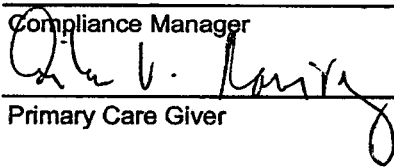
[17-1454-6]

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

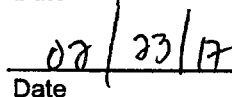
Comment:

Home visit for a 3 person CCFFH recertification review made on 2/23/17. Home is in compliance with all requirements. Home will receive a 2 year 3 bed certification.

Compliance Manager

  
Primary Care Giver

Date

  
Date