

# Foster Family Home - Corrective Action Report

Provider ID: 1-561127

Home Name: Glenda Ramo, CNA

Review ID: 1-561127-4

94-402 Lehopulu Street

Reviewer: Sue Lo

Waipahu HI 96797

Begin Date: 7/11/2017

End Date: 7/12/2017

Foster Family Home

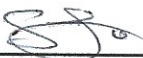
Required Certificate


[17-1454-6]

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

Comment:

6 (d)(1) Requirements at the time of the home visit made on 7/11/2017 for a 2-bed requested to change to 3-bed certification. No corrective action required. Home is eligible for a 1 year 3 bed certification.

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

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

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Date