

Foster Family Home - Corrective Action Report

Provider ID: 1-160066

Home Name: Ogilyn Ramos, CNA

Review ID: 1-160066-2

94-1084 Lumiauau St.

Reviewer: Sue Lo

Waipahu

HI 96797

Begin Date: 7/6/2017

End Date: 7/9/2017

Foster Family Home

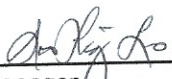
Required Certificate

[17-1454-6]

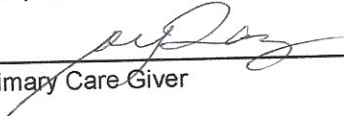
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

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


Compliance Manager

7/6/2017
Date


Primary Care Giver

7/6/17
Date