

Foster Family Home - Corrective Action Report

Provider ID: 1-170039

Home Name: Loridhel Ramoran, RN

Review ID: 1-170039-1

94-414 Kahuanani St.

Reviewer: Carrie Wakai

Waipahu HI 96797

Begin Date: 7/14/2017

End Date: 7/16/2017

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment:

6.d.1.- Home visit made for a new 2 person CCFFH certification survey. Home is compliance with all requirements. Home is eligible for a 1 year 2 bed certification.

Carrie Wakai
Compliance Manager

Loridhel Ramoran
Primary Care Giver

7-14-2017
Date

7/14/2017
Date