

Foster Family Home - Corrective Action Report

Provider ID: 1-562779

Home Name: Maritess Ramirez, CNA

Review ID: 1-562779-4

128 Kanihae Place

Reviewer: David Ayling

Wahiawa

HI 96786

Begin Date: 7/17/2017

End Date: 7/17/17

Foster Family Home

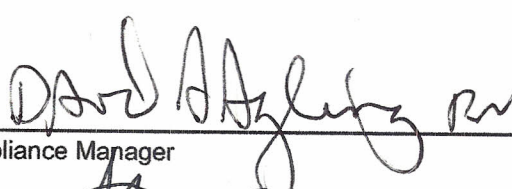
Required Certificate

[17-1454-6]

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

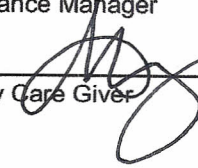
Comment:

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



Compliance Manager

7/17/17
Date



Primary Care Giver

7/17/17
Date