

Foster Family Home - Corrective Action Report

Provider ID: 2-160018

Home Name: Mary Rose Ramirez, CNA

Review ID: 2-160018-2

16-1331 Pohaku Circle

Reviewer: Carol Copeland

Keaau HI 96749

Begin Date: 3/15/2017

End Date: 3/16/17

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment:

Home visit survey performed to recertify two client home. Home in compliance on day of survey. Corrective Action Report issued with no plan of correction due to CTA. Home is eligible for two year recertification for two clients.

Compliance Manager



Primary Care Giver

Date

3/15/17

Date