

# Foster Family Home - Corrective Action Report

Provider ID: 1-564501

Home Name: Aristotle Ramos, CNA

Review ID: 1-564501-5

2820-B Kalihi Street

Reviewer: David Ayling

Honolulu HI 96819

Begin Date: 11/2/2017

End Date: 11/2/17

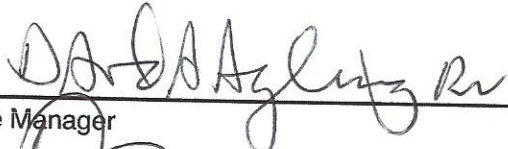
Foster Family Home Required Certificate

[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 11/2/17. Home in compliance with all requirements. Home will receive a 2 year 3 bed certification.

  
Compliance Manager

11/2/17  
Date

  
Primary Care Giver

11/2/17  
Date