

Foster Family Home - Corrective Action Report

Provider ID: 1-160066

Home Name: Ogilyn Ramos, CNA

Review ID: 1-160066-3

94-1084 Lumiauau St.

Reviewer: Carrie Wakai

Waipahu HI 96797

Begin Date: 2/12/2018

End Date: 2/12/2018

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 an increase to 3 client CCFH certification survey.
Home was in compliance with all requirements and will receive a 1 year 3 client certificate.

Carrie Wakai
Compliance Manager

[Signature]
Primary Care Giver

2/12/2018
Date

2/12/2018
Date