

Foster Family Home - Corrective Action Report

Provider ID: 1-560781

Home Name: Brigida Ramos, CNA

Review ID: 1-560781-4

3447 Ala Hapuu Street

Reviewer: David Ayling

Honolulu

HI 96818

Begin Date: 4/24/2018

End Date: 4/24/18

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 4/24/18.

6.(d)(1) - Home in compliance with all requirements. Home will receive a 2 year 2 bed certification.

David Ayling
Compliance Manager

Brigida Ramos
Primary Care Giver

4/24/18
Date

4/24/18
Date