

Foster Family Home - Corrective Action Report

Provider ID: 1-561127

Home Name: Glenda Ramo, CNA

Review ID: 1-561127-5

94-402 Lehopulu Street

Reviewer: Angelica Galindo

Waipahu HI 96797

Begin Date: 7/17/2018

End Date: 7/17/18

Foster Family Home Required Certificate

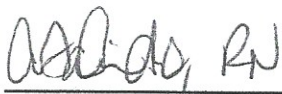
[17-1454-6]

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

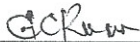
Comment:

Home visit for a 3 person CCFFH recertification review made on 7/17/18.

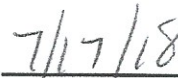
6.(d)(1) Home in compliance with all requirements. Home will receive a 2 year 3 bed certification



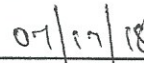
Compliance Manager



Primary Care Giver



Date



Date