

Foster Family Home - Corrective Action Report

Provider ID: 1-631293

Home Name: Melanie Ramiro, CNA

Review ID: 1-631293-5

94-1116 Huakai Street

Reviewer: Angelica Galindo

Waipahu HI 96797

Begin Date: 7/30/2018

End Date: 7/30/2018

Foster Family Home

Required Certificate

[17-1454-6]

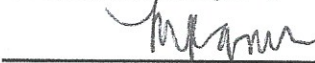
6.(d)(1) Comply with all applicable requirements in this chapter, and

Comment:

Home visit for a 3 person CCFFH recertification review made on 7/30/18.

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


Compliance Manager


Primary Care Giver

7/30/18
Date

7/30/18
Date