

Foster Family Home - Corrective Action Report

Provider ID: 1-150061

Home Name: Fina M. Ramos, CNA

Review ID: 1-150061-4

91-1130 Nale St.

Reviewer: Angelica Galindo

Ewa Beach HI 96706

Begin Date: 8/20/2018

End Date: 8/20/18

Foster Family Home

Required Certificate

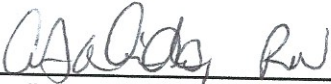
[17-1454-6]

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

Comment:

Home visit for a 2 person CCFFH recertification review made on 8/20/18.

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



Compliance Manager



Primary Care Giver

8/20/18

Date

8/20/18

Date