

# Foster Family Home - Corrective Action Report

Provider ID: 1-140069

Home Name: Jeramie P. Ramos, CNA

Review ID: 1-140069-5

94-342 Kipou Street

Reviewer: David Ayling

Waipahu HI 96797

Begin Date: 7/8/2019

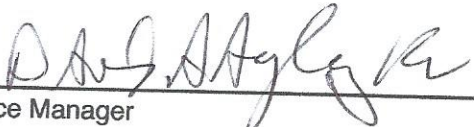
**Foster Family Home**      **Required Certificate**      **[11-800-6]**


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

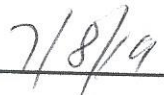
Comment:


Home inspection for a 2 person CCFFH recertification made on 7/8/19.

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

  
\_\_\_\_\_  
Compliance Manager

  
\_\_\_\_\_  
Primary Care Giver

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Date