

Foster Family Home - Corrective Action Report

Provider ID: 1-140030

Home Name: Aileen Ramirez, CNA

Review ID: 1-140030-6

94-006 Poailani Circle

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 2/24/2020

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 3 person CCFFH recertification completed.
Home is in compliance with all requirements. Home will receive a 3 bed certification.

Maribel Nakamine, MA

Compliance Manager

2/24/2020

Date

Aileen V. Ramirez

Primary Care Giver

02/24/2020

Date