

Foster Family Home - Corrective Action Report

Provider ID: 1-595803

Home Name: Asela Ramos, CNA

94-949 Hiapo Street

Waipahu

HI 96797

Review ID: 1-595803-1

Reviewer: David Ayling

Begin Date: 3/31/2020

Foster Family Home

Required Certificate

[11-800-6]

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

Comment:

6.(d)(1) - Home inspection for a new 2 person CCFFH certification.
Home will receive a 2 bed certification.

Compliance Manager

Primary Care Giver

Date

Date