

Foster Family Home - Corrective Action Report

Provider ID: 1-560781

Home Name: Brigida Ramos, CNA

3447 Ala Hapuu Street

Honolulu

HI 96818

Review ID: 1-560781-5

Reviewer: Pamela Perry

Begin Date: 4/22/2020

Foster Family Home

Required Certificate

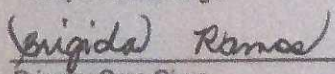
[11-800-6]

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

Comment:

6.(d)(1)- Home visit for a 2 person CCFFH recertification review made on 4/22/20. Home in compliance with all requirements. Home will receive a 2 bed certification.


Compliance Manager


Primary Care Giver

4/22/20
Date

5/07/2020
Date