

Foster Family Home - Corrective Action Report

Provider ID: 1-200064

Home Name: Charmaine Claudine M. Ramos, CNA

94-1166 Lumikula Street

Waipahu HI 96797

Review ID: 1-200064-1

Reviewer: David Ayling

Begin Date: 12/23/2020

Foster Family Home

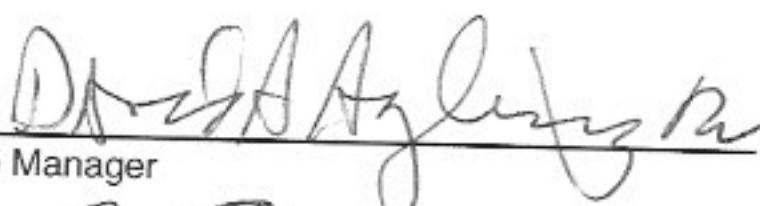
Required Certificate

[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

12/23/2020
Date


Primary Care Giver

12/23/2020
Date