

Provider ID: 1-150061

Home Name: Fina M. Ramos, CNA

Review ID: 1-150061-6

91-1130 Nale Street

Reviewer: Jackie Chamberlain

Ewa Beach HI 96706

Begin Date: 7/31/2020

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 made for a 2 bed CCFFH recertification. Home met all compliance requirements at the time of the home inspection. No corrective action required.


Compliance Manager


Primary Care Giver

7/31/20
Date

7/31/20
Date