

Foster Family Home - Corrective Action Report

Provider ID: 1-140069

Home Name: Jeramie P. Ramos, CNA

Review ID: 1-140069-6

94-342 Kipou Street

Reviewer: Pamela Perry

Waipahu HI 96797

Begin Date: 6/19/2020

Foster Family Home

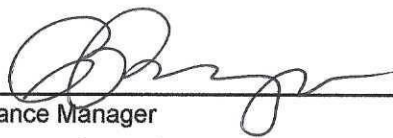
Required Certificate

[11-800-6]

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

Comment:

6.(d)(1)- Unannounced visit made on 6/19/20 for 2 bed CCFFH for Annual Inspection. Home in compliance with all regulations.


Compliance Manager


Primary Care Giver

6/19/20
Date

6/19/20
Date