

Foster Family Home - Corrective Action Report

Provider ID: 1-170039

Home Name: Loridhel Ramoran, RN

94-414 Kahuanani Street

Waipahu HI 96797

Review ID: 1-170039-4

Reviewer: David Ayling

Begin Date: 4/16/2020

Foster Family Home

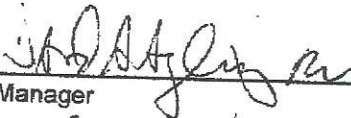
Required Certificate

[11-800-6]

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

Comment:

6.(d)(1) - Home inspection for a 3 person CCFFH recertification.
Home will receive a 3 bed certification.


Compliance Manager


Primary Care Giver

4/16/2020
Date

4/16/2020
Date