

# Foster Family Home - Corrective Action Report

Provider ID: 1-110053

Home Name: Jesusa Ramos, CNA

Review ID: 1-110053-12

94-722 Loaa Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 2/11/2021

**Foster Family Home**      **Required Certificate**      **[11-800-6]**

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

-----  
Comment:

Recertification inspection for a 3 person CCFFH completed.

CCFFH is in compliance with all requirements. CCFFH will receive a 3 bed certification.

*Maribel Nakamine, RN*      *2/11/2021*

\_\_\_\_\_  
Compliance Manager

\_\_\_\_\_  
Date

*[Signature]*  
\_\_\_\_\_  
Primary Care Giver

*2/11/21*  
\_\_\_\_\_  
Date