

Foster Family Home - Corrective Action Report

Provider ID: 1-160066

Home Name: Ogilyn Ramos, CNA

Review ID: 1-160066-8

94-1084 Lumiauau Street

Reviewer: David Ayling

Waipahu HI 96797

Begin Date: 7/1/2021

Foster Family Home

Required Certificate

[11-800-6]

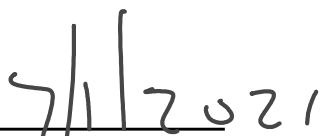
6.(d)(1) Comply with all applicable requirements in this chapter; and


Comment:

6.d.1 Annual unannounced inspection made today. Completed annual review. No deficiencies.


Compliance Manager


Primary Care Giver


Date


Date