

Foster Family Home - Corrective Action Report

Provider ID: 1-110041

Home Name: Orlando Ramos, Jr., CNA

Review ID: 1-110041-3

1712 Kamehameha IV Rd.

Reviewer:

Honolulu HI 96819

Begin Date: 3/2/2015

End Date:

4/2/15

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment:

6.(d)(1)

Review for recertification. Deficiencies listed in separate sections. CAP written with all items to be submitted by 4/2/15.

Foster Family Home

Background Checks

[17-1454-7.1]

7.1.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

7.1.(a)(2)

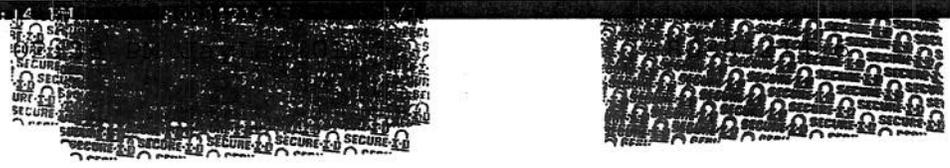
Second APS/CAN has been done but waiting for results for CG 3.



Orlando C. Ramos Jr.
Primary Care Giver

3/2/15
Date

3-2-15
Date



DEFICIENCY: Second APS/CAN has been done but waiting for results for CG 3

How did you correct this deficiency?
Received APS results

How will you avoid committing this deficiency in the future?
Make reminders on a calendar, phone or computer for documents needed to be renewed before it expires

DEFICIENCY:

How did you correct this deficiency?

How will you avoid committing this deficiency in the future?

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DEFICIENCY: