

Foster Family Home - Corrective Action Report

Provider ID: 1-586216

Home Name: Zenaida Ramos, CNA

Review ID: 1-586216-3

94-409 Pupukupa Street

Reviewer:

Waipahu HI 96797

Begin Date: 6/9/2016

End Date: 7/11/16

Foster Family Home Required Certificate [17-1454-6]

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

Comment:

6 (d)(1) Home visit [REDACTED] for a 2-bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA [REDACTED]

6 (d)(1) see applicable sections of this review.

Foster Family Home Background Checks [17-1454-7.1]

7.1.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

Comment:

7.1.(a)(1) CG#1 eCrim [REDACTED] in the Home binder [REDACTED]

Foster Family Home Fire Safety [17-1454-45]

45.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

Comment:

45.(a) Night fire drill record not present the home.

Compliance Manager

Zenaida Ramos
Primary Care Giver

Date

06-09/2016
Date

Written Plan of Correction

July 4, 2016

7.1 (a) CG #1 will not lapse in a crim in the future because a reminder log to renew a crim every other year. So that will ^{not} happen again

45. (a) the home conducted night fire drill [REDACTED]. And will follow the Hawaii Administrative rules. So that will not happen again in the future. [REDACTED]

July 4 2016

Zyneria Ramos

94-409 Puukupu St. Waipahu Hawaii

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