

# Foster Family Home - Corrective Action Report

Provider ID: 1-150061

Home Name: Fina M. Ramos, CNA

91-1130 Nale St.

Ewa Beach

HI 96706

Review ID: 1-150061-2

Reviewer:

Begin Date: 8/8/2016

End Date: 9/6/16

## 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 made on 8/8/2016 for a 2-bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA on 9/8/2016.

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

## Foster Family Home

### Personnel and Staffing

[17-1454-41]

41.(b)(4) Cooperate with the department to complete a psychosocial assessment of the caregiving family system in accordance with subsection 17-1454-7(b)(2).

Comment:

41.(b)(4) CG#2 disclosure form not present in the home.

## 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) No evenings and night fire drill conducted in the home.

Compliance Manager

Primary Care Giver

Date

Date

8/8/16

**Written Plan of Correction**

**41.(b)(4)CG#2 disclosure form not in the home.**

**Comments: CG#2 already signed [redacted] disclosure form on 8/12/2016 and already being kept on file [redacted].**

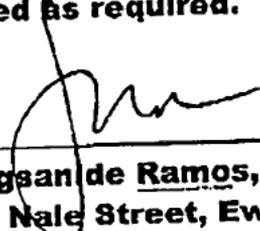
**Correction Action Plan: To prevent from repeating the deficiency in the future, I will make sure to maintain a record(s) in the home, to update, and perform random check to all necessary and important documents and to make sure to keep them on file at all times as required.**

**45.(a) No evenings and night fire drill conducted at home.**

**Comments: The home already conducted evening and night shifts fire drill on 8/13, 8/18 and 8/20/2016. (Fire drill doc. received)**

**Correction Action Plan: To prevent the deficiency in the future, I will make sure that the home will conduct fire drill at different time of the day, evenings and nights on a monthly basis as well as to test all smoke detectors to make sure that they are functional to ensure the safety for both patients and household members. The home also has to document and maintain record each time when the tasks has been performed as required.**

**Signed:**



**Date:**

9/6/16

**Fina Magsan de Ramos, CNA, Primary Caregiver  
91-1130 Hale Street, Ewa Beach HI 96706**