

# Foster Family Home - Corrective Action Report

Provider ID: 1-160066

Home Name: Ogilyn Ramos, CNA

Review ID: 1-160066-1

94-1084 Lumiauu St.

Reviewer:

Waipahu HI 96797

Begin Date: 9/23/2016

End Date: 10/12/2016

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

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

Comment:

6 (d)(1) The NEW Home visit made on 9/23/2016 for a 2-bed certification. Corrective action report issued during the NEW Home visit with corrective action plan due to CTA on 10/7/2016.

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

## Foster Family Home Personnel and Staffing [17-1454-41]

41.(b)(7) Have a current tuberculosis clearance that meets department of health guidelines; and

Comment:

41.(b)(7) CG#2 No current TB clearance present in the home.


## Foster Family Home Fiscal Requirements [17-1454-49.1]

49.1.(b) The home shall maintain fiscal records, documents and other evidence that sufficiently and properly reflect all funds received, and all direct and indirect expenditures of any nature related to the home's operation.

Comment:

49.1.(b) No current bank statement or budget present in the home.

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

  
\_\_\_\_\_  
Primary Care Giver

\_\_\_\_\_  
Date

9/23/16  
\_\_\_\_\_  
Date

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## Written Plan of Correction

September 28, 2016

41. b. 7 The home received a current 2016 TB clearance for CG #2 on September 26, 2016. It is on file in the home personnel record. The home will utilize an iPhone to track all requirements that are due to prevent from expiring in the future. Attached is the TB clearance for CG#2.

49. 1. b. The home completed the budget and filed in the binder. So this will not happen again in the future.



Ogilyn C. Ramos  
94-1084 Lumiauau Street,  
Waipahu, HI 96797