

# Foster Family Home - Corrective Action Report

Provider ID: 1-160090

Home Name: Alma Joy Ramones, NA

Review ID: 1-160090-1

91-205 Naina Place

Reviewer:

Ewa Beach

HI 96706

Begin Date: 12/30/2016

End Date: 1/24/17

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

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

Comment:

New home visit made on 12/30/2016 for a 2-bed certification. Corrective action report issued during the visit with corrective action plan due to CTA on 01/14/2017.

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) No current TB screening results present in binder on CG#1 & CG#2. Documentation of TB screening results are incomplete on HHM#1 & HHM#2.

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

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

\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Date

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**From:** alma joy ramones  
**Sent:** Tuesday, January 24, 2017 5:35 PM  
**Subject:** Written correction plan

January 24, 2017

41(b)(7) No current TB screening results present in <sup>At</sup>~~binder~~ binder on CG#1 & CG #2. Documentation of TB screening results are incomplete on HHM#1 & HHM#2.

TB screening results for PCG#1 & SCG#2 was obtained from our doctor on January 9, 2017. Original copies was now filed on caregiver's binder. The home will maintain a caregiver tracking log with due dates of training requirements. HHM#1 & HHM#2 completed TB Form on January 13, 2017. Make sure to have the doctor's fill up all information needed from now on.

Alma Joy Ramones  
91-205 Naina Place  
Ewa Beach Hawaii 96706

