

# Foster Family Home - Corrective Action Report

Provider ID: 1-120080

Home Name: Florencio Ramiro, CNA

Review ID: 1-120080-8

94-949 Hiapo Street

Reviewer: Sue Lo

Waipahu HI 96797

Begin Date: 1/23/2018

End Date: 2/16/2018

## 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 for a 2 bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA on 2/23/2018.

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


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

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

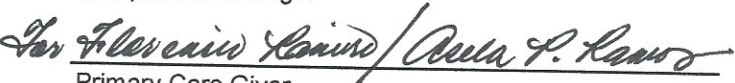
Comment:

41.(b)(7) Lapsed on TB Clearance due on/before 3/11/16 was done on 2/17/17 for CG#1.

41.(b)(8) Lapsed on CPR and First Aid due on/before 5/5/17 was done on 5/10/19 for CG#1.

  
Compliance Manager

1/23/2018  
Date

  
Primary Care Giver

1/23/18  
Date

Community Care Foster Family Home (CCFFH)  
 Written Plan of Correction for Deficiencies  
 Listed in Corrective Action Report  
 Chapter 17-1454

CCFFH Name: FLORENCIO RAMIRO FOSTER HOME  
 CCFFH Address: 94-949 HIAPO ST. WAIPAHU HI. 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
41 (b)(3) and 41 (b)(8)	Lapsed cannot be fix	1/23/18	The home understands requirement for TB, chlamydia, and Fluorid. The home will make a monitoring board to all requirements before expiration dates. No lapses will not happen again.

Primary Caregiver's Signature: 

Print Name: FLORENCIO RAMIRO Date of Signature: 1/23/18