

# Foster Family Home - Corrective Action Report

Provider ID: 1-170084

Home Name: Jane Ramos

Review ID: 1-170084-1

91-1012 Ikulani Street

Reviewer: Carrie Wakai

Ewa Beach HI 96706

Begin Date: 1/26/2018

End Date: 1/26/2018

## 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 new 2 client CCFFH certification survey. A corrective action report was issued during the visit with a written plan of correction due to CTA by 2/9/18.

## 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;

7.1.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

7.1(a)(1)& 7.1(a)(2)-APS/CAN/Fingerprinting lapsed for CG#1, it was due on or before 2/4/17 and was completed 11/20/17.

Carrie Wakai  
Compliance Manager

[Signature]  
Primary Care Giver

1/26/2018  
Date

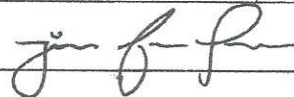
01/26/2018  
Date

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

CCFFH Name: JANE GAYE RAMOS

CCFFH Address: 91-1012 IRULANI STREET EWA BEACH, HI 96706

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
7.1(a)1	Lapse cannot be corrected (2 consecutive fingerprintings completed.)	01/26/18	I'm gonna put it in reminder on my phone or calendar 1 week advance before the due date
7.1(a)2	Lapse cannot be corrected	01/26/2018	2 weeks Gonna apply in advance so it wont take a lapse again

Primary Caregiver's Signature: 

Print Name: JANE GAYE RAMOS

Date of Signature: 01/26/2018