

Foster Family Home - Corrective Action Report

Provider ID: 1-170008

Home Name: Janeth Ramirez, CNA

94-264 Hiwahiwa Place

Waipahu HI 96797

Review ID: 1-170008-2

Reviewer: Sue Lo

Begin Date: 2/12/2018

End Date: 2/13/2018

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 3/12/2018.


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)(2) Lapse on consecutive fingerprinting, Adult Protective Services/Child Abuse Neglect (APS/CAN) due on/before 10/24/17 was done on 1/24/18 for CG#1 and due on/before 11/18/17 was done on 1/24/18 CG#2.



Compliance Manager

2/12/2018
Date



Primary Care Giver

2/12/2018
Date

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

CCFFH Name: **JANETH FORONDA RAMIREZ**

CCFFH Address: **94-264 HIWAHIWA PLACE, WAIPAHAU, HI 96797**

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
7.1.a.(1) (2)	Lapse cannot be amended	2/12/18	PCG understands the Fingerprint, APS & CAN requirements for 2 consecutive years. PCG will utilize google calendar to input dates 1 week prior to the due. Also add it to the bulletin board hanging in the office area to ensure there will be no lapses in the future. PCG will check calendar every month.

Primary Caregiver's Signature: *Jam Ramirez*

Print Name: JANETH F RAMIREZ

Date of Signature: 02-12-18