

Foster Family Home - Corrective Action Report

Provider ID: 1-150031

Home Name: Lodenila Ramos, CNA

Review ID: 1-150031-6

1522 Panala'au St.

Reviewer: Carrie Wakai

Honolulu

HI 96817

Begin Date: 5/18/2018

End Date: 5/18/2018

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 3 client CCFFH recertification survey. A Corrective Action Report was issued with a Corrective Action Plan due to CTA by 6/18/2018.

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) & 7.1(a)(2)-APS/CAN/Fingerprinting lapsed for CG#3 was due 2/29/17, done 8/23/17 and HHM #1 was due 8/31/17, done 9/5/17.

Carrie Wakai RN
Compliance Manager

[Signature]
Primary Care Giver

05-18-18

Date

05-18-18

Date

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

CCFFH Name: LODENILA RAMOS
 CCFFH Address: 1522 PANALAAU ST.
HON. HI. 96817

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
7.1.A.1 7.1.A.2	Lapse cannot be corrected	5/18/18	Home understand the background check requirements, Home will use calendar on iPhone to input all due dates to prevent any future lapses.

Primary Caregiver's Signature: 

Print Name: LODENILA RAMOS

Date of Signature: 05-18-18