

Foster Family Home - Corrective Action Report

Provider ID: 1-120034

Home Name: Melody Ramiro, CNA
94-1198 Hina Street
Waipahu HI 96797

Review ID: 1-120034-5

Reviewer: David Ayling

Begin Date: 7/5/2018

End Date: 7/26/18

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

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

Comment:

Home visit for a 3 person CCFFH recertification review made on 7/5/18. Corrective Action Report issued during home visit with all items due to CTA by 8/5/18.

6.(d)(1) - see applicable sections of the review

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) - eCrim not done until 10/19/17 for CG #2. Expired on 6/22/17. APS/CAN not current for CG #2. Expired on 6/10/18.

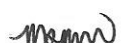
APS/CAN not done until 7/2/18 for HHM #1. Expired on 7/8/17.



Compliance Manager

7/5/18

Date



Primary Care Giver

7/6/18

Date

CCFFH Name: Melody Ramiro Foster Home

CCFFH Address: 94-1198 Hina St. Waipahu Hawaii 97117

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
7.1(a)1,2	I checked CFA proof of current: APC/CAN and ECRIM for CB#2 and HFM #1 on the day of my recertification.	7/10/18	Due date for APC/CAN and ECRIM will placed on calendar 60 days prior to being due so will not be late again
	- CB#2 APC/CAN exp 6/10/18	7/6/18	
	- CB#2 ECRIM exp 6/24/17	10/19/17	
	- HFM#1 APC/CAN exp 7/6/17	7/2/18	

Primary Caregiver's Signature: Melody Ramiro / 

Print Name: Melody Ramiro

Date of Signature: 11/16/2018