

Foster Family Home - Corrective Action Report

Provider ID: 1-150061

Home Name: Fina M. Ramos, CNA

Review ID: 1-150061-3

91-1130 Nale St.

Reviewer: David Ayling

Ewa Beach HI 96706

Begin Date: 8/17/2017

End Date: 9/1/17

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 2 person CCFH recertification review made on 8/17/17. Corrective Action Report issued during home visit with all items due to CTA by 9/17/17.

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

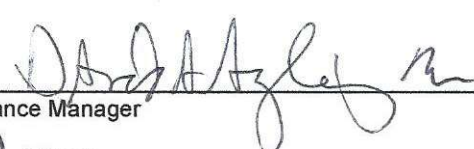
Foster Family Home Background Checks [17-1454-7.1]

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) - No second year APS/CAN and fingerprints done for CG #2, CG #4, HHM #1, and HHM #3(expired on 8/20/16). Second year APS/CAN and fingerprints for CG #1 not done until 9/22/16(expired on 8/20/16).


Compliance Manager

8/17/17
Date


Primary Care Giver

8/17/17
Date

Written Plan of Correction

7.1(9)(1)(2) I have gotten current APS/CAN and fingerprints for all CG's and HHM'S and placed in my CTA binder.

I have made a list of all items with expiration dates (APS/CAN and Fingerprints) for all CG's and adult HHM's and placed in the front of my CTA binder. I will review frequently.

Signed: _____

Fina Magpanide Ramos, PCG

Date: _____

8/27/2017