

Foster Family Home - Corrective Action Report

Provider ID: 1-110041

Home Name: Orlando Ramos, Jr., CNA

Review ID: 1-110041-5

1712 Kamehameha IV Rd.

Reviewer: Carrie Wakai

Honolulu HI 96819

Begin Date: 2/5/2018

End Date: 2/05/2018

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 during the visit with a Corrective Action Plan due to CTA by 3/05/18.

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)-CG#1-CG#3's e-crim lapsed, due on or before 2/07/17 and was done 02/23/17.

7.1(a)(2)-CG#1-#3's APS/CAN lapsed, due on or before 2/10/17 and was done 3/1/17.

Carrie Wakai RW

Compliance Manager

ORLANDO C. RAMOS JR.

Primary Care Giver

2/05/18

Date

02/05/2018

Date

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

CCFFH Name: Orlando Foster home

CCFFH Address: 1712 Kamehameha IV Road Honolulu Hawaii 96819

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
7.1.a.2	LAPSE CANNOT BE CORRECTED	02/05/2018	HAD REMINDER LIST BUT FORGOT TO DO /OR CHECK LIST. NOW I NEED REMINDER TO CHECK REMINDER LIST
7.1.a.1	LAPSE CANNOT BE CORRECTED	02/05/2018	HAD REMINDER LIST BUT FORGOT TO DO IT. NOW I NEED A REMINDER TO CHECK MY REMINDER LIST, WILL FOR USE COMPUTER, CELL PHONE REMINDER.

Primary Caregiver's Signature: 

Print Name: Orlando Ramos Jr.

Date of Signature: 02-05-2018