

Foster Family Home - Corrective Action Report

Provider ID: 1-170008

Home Name: Janeth Ramirez, CNA

Review ID: 1-170008-3

94-264 Hiwahiwa Place

Reviewer: David Ayling

Waipahu HI 96797

Begin Date: 3/6/2019

Foster Family Home Required Certificate [11-800-6]

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

Comment:

Home inspection for a 2 person CCFFH recertification made on 3/6/19. Corrective Action Report issued during home inspection with all items due to CTA by 4/6/19.

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

Foster Family Home Background Checks [11-800-8]

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

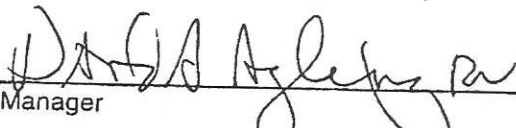
8.(a)(1),(2) - Second year APS/CAN and Fingerprints not done until 1/24/18 for CG #4. Expired on 11/18/17.

Foster Family Home Personnel and Staffing [11-800-41]

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41.(b)(8) - Blood Borne Pathogen certification expired on 1/6/19 for CG #4.


Compliance Manager


Primary Care Giver

3/6/19
Date

3/6/19
Date

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

CCFFH Name: **JANETH F. RAMIREZ**

CCFFH Address: **94-264 HIWAHIWA PL, WAIPAHU, HI 96797**

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
8.(a)(1)(2)	I showed the CTA the current criminal history record checks and the APS/CAN fingerprints for CG#4 on the day of my recertification.	3/6/19	PCG will utilize google calendar to input dates 1-2 weeks prior to the expiration date and wrote down a list of all required certification with all caregivers name and expiration date and placed it in the front of the CCFFH binder.
41.(b)(8)	I showed the CTA the current Blood Borne Pathogen certificate from CG#4 and placed in the CCFFH binder.	3/6/19	

Primary Caregiver's Signature: 

Print Name: JANETH F. RAMIREZ

Date of Signature: 3/6/19