

# Foster Family Home - Corrective Action Report

Provider ID: 1-190011

Home Name: Cris Raymundo, NA

Review ID: 1-190011-1

1334-A Olino Street

Reviewer: Angelica Galindo

Honolulu HI 96818

Begin Date: 1/29/2019

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

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

Comment:

6.(d)(1) - Home inspection for a 2 person new CCFFH certification made on 1/29/19. Corrective Action Report issued during home inspection with all items due to CTA by 3/01/19.

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

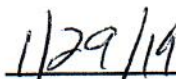
41.(b)(6) Comply with all applicable federal, state, and county laws, ordinances, rules, regulations, and regulatory requirements, including but not limited to statutes that prohibit discrimination against any person, on the grounds of race, color, national origin, religion, creed, sex, age, marital status, or handicap;

Comment:

41.(b)(6)- Connected doorway leading to occupants on other side not listed as HHM.



Compliance Manager



Date



Primary Care Giver

29 JAN 2019

Date

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Honolulu HI 96818

Begin Date: 1/29/2019

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

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

Comment:

6.(d)(1) - Home inspection for a 2 person new CCFFH certification made on 1/29/19. Corrective Action Report issued during home inspection with all items due to CTA by 3/01/19. A second home visit was made on 3/21/19 after applicant moved to a different address to comply with 41.b.6.

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

41.(b)(6) Comply with all applicable federal, state, and county laws, ordinances, rules, regulations, and regulatory requirements, including but not limited to statutes that prohibit discrimination against any person, on the grounds of race, color, national origin, religion, creed, sex, age, marital status, or handicap;

Comment:

41.(b)(6)- Connected doorway leading to occupants on other side not listed as HHM during visit on 1/29/19.

## Foster Family Home Physical Environment [11-800-49]

49.(a)(1) Bathrooms with non-slip surfaces in the tubs and or showers, and toilets adjacent or easily accessible to sleeping rooms;

49.(a)(2) Grab bars in bath and toilet rooms used by the client, as appropriate;

Comment:

49.a.1 No non-slip surface was present in bathroom on the 3/21/19 visit.

49.a.2 No grab bars were present around the toilet area on the 3/21/19 visit.

  
Compliance Manager

  
Primary Care Giver

3/21/19  
Date

3/21/19  
Date

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

CCFFH Name: CRIS RAYMUNDO

CCFFH Address: 1311 OLIND ST. HONOLULU, HI 96819

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
49 (g) (7)	PUT A CHAIR COMODE WITH SIDE HANDLE BARS RIGHT AWAY AFTER INSPECTION FOR SAFETY. READ THE CHECK LIST FOR FUTURE REFERENCE	03.21.19	WILL CHECK EVERY DAY FOR SAFETY & TO AVOID ANY INJURIES

Primary Caregiver's Signature: 

Print Name: CRIS RAYMUNDO

Date of Signature: 03/22/19