

# Foster Family Home - Corrective Action Report

Provider ID: 1-170034

Home Name: Mary Ann Ramo, CNA

94-392 Kahuanani Street

Waipahu HI 96797

Review ID: 1-170034-4

Reviewer: Lisa Johnson

Begin Date: 6/4/2019

## 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 CCFFH recertification made on 6/4/19. Corrective Action Report issued during home inspection with all items due to CTA by 7/4/19. PCG requests increase to a 3 client CCFFH.


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

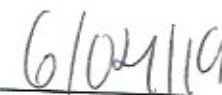
41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

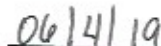
Comment:

41.b.7 CG#2 and CG#3 has lapse in BBP certification. Both were due on 2/1/2019 and then completed on 4/5/2019.

  
Compliance Manager

  
Primary Care Giver

  
Date

  
Date

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

CCFFH Name: MARYANN RAMO CCFFH  
CCFFH Address: 94-392 KAHUANANI ST. WAIKAPU, HI 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
41.b.7	LAPSE CANNOT BE CORRECTED	6/4/19	HOME UNDERSTANDS THE ANNUAL BBP REQUIREMENTS. HOME WILL USE CALENDAR TO INPUT ALL DUE DATES TO PREVENT ANY FUTURE LAPSES.

Primary Caregiver's Signature: MARYANN RAMO

Print Name: MARY ANN RAMO

Date of Signature: 6/4/19