

Foster Family Home - Corrective Action Report

Provider ID: 1-120034

Home Name: Melody Ramiro, CNA

Review ID: 1-120034-6

94-1198 Hina Street

Reviewer: Angelica Galindo

Waipahu HI 96797

Begin Date: 6/10/2019

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 3 person CCFFH recertification made on 6/10/19. Corrective Action Report issued during home inspection with all items due to CTA by 7/24/19.

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;

Comment:

8.(a)(1) - No fingerprints present for CG#6 in home folder.

Foster Family Home Information Confidentiality [11-800-16]

16.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.

Comment:

16.(b)(5) - No proof of confidentiality/Privacy rights training for CG#4, CG#5, & CG#6 in home folder.

Angelica Galindo, RN
Compliance Manager

Melody Ramiro
Primary Care Giver

6/10/19
Date

4/10/19
Date

