

# Foster Family Home - Corrective Action Report

Provider ID: 1-150031

Home Name: Lodenila Ramos, CNA

Review ID: 1-150031-9

94-235 Keaukaha Place

Reviewer: Jackie Chamberlain

Waipahu HI 96797

Begin Date: 4/28/2020

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

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

Comment:

Annual inspection conducted for this CCFFH for temporary compliance requirements as determined during Covid-19 criteria  
Corrective Action Plan due to CTA by 30 days

## Foster Family Home Application [11-800-7]

7.(b)(1)(C) Background check documents, as provided in section 11-800-8; and

Comment:

7.(b)(1)(C) State name checks (Ecrim) were due on/before 9/5/19 for HHM #3

## Foster Family Home Client Rights [11-800-53]

53.(b)(9) Be treated with understanding, respect, and full consideration of the client's dignity and individuality, including privacy in treatment and in care of the client's personal needs;

Comment:

53.b.9 Under the My Choice My Way and new federal rules, clients must be able to lock their bedrooms and caregivers have a safe way to access in case of an emergency. There is no inside locks on the bedroom doors

Jackie Chamberlain RN

Compliance Manager

[Signature]

Primary Care Giver

4/28/20

Date

4-28-20

Date

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

CCFFH Name: LODENIKA RAMOS

CCFFH Address: 94-235 Keaukaha Place  
Waipahu HI 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
7b1C	Lapse ECRIM cannot be corrected. ECRIM was Obtained for household member #3 on 04/28/20.	04/28/20	I will create notifications on my phone & on my calendar (written) for due dates of Criminal history record checks for all HHMs & Caregivers.
53(b)(9)	2 way locks have been added added to client bedrooms per "my choice, my way" privacy regulations on 04/28/20.	04/28/20	I will review all new rules from Community Ties newsletter for foster family home & make changes right away as needed.

Primary Caregiver's Signature: 

Print Name: LODENIKA RAMOS

Date of Signature: 04/28/20