

# Foster Family Home - Corrective Action Report

Provider ID: 1-140030

Home Name: Aileen Ramirez, CNA

Review ID: 1-140030-8

94-006 Poailani Circle

Reviewer: Maribel Nakamine

Waipahu

HI 96797

Begin Date: 2/27/2021

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

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

Comment:

Annual inspection for a 3 person CCFFH completed.

Corrective Action Report issued during CCFFH inspection with a written plan of correction due to CTA on 3/27/2021.

## 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)- No current APS/CAN/Fingerprinting present for all residents that are currently occupying the CCFFH's basement level and upstairs level of the CCFFH. Residents were not previously reported as household members.

## 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 confidentiality policies and procedures and client privacy rights training present for all the residents that are currently occupying the basement and upstairs level of the CCFFH.


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

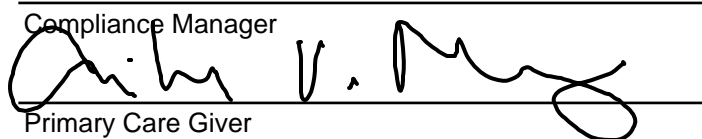
41.(b)(6) Comply with all applicable federal, state, and county laws, ordinances, rules, regulations, and regulatory requirements, including but not limited to statutes that prohibit discrimination against any person, on the grounds of race, color, national origin, religion, creed, sex, age, marital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

41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

41.(b)(6), (f)(1)- There was a connecting doorway near the kitchen that leads to a basement level and an upstairs level of the CCFFH. CG#1 will need to disclose all residents that are currently occupying the basement and the upstairs levels of the CCFFH and obtain TB clearances for all.

  
Compliance Manager  
Date 2/27/2021

  
Primary Care Giver  
Date 2/27/2021