

Foster Family Home - Deficiency Report

Provider ID: 1-561127

Home Name: Glenda Ramo, CNA

Review ID: 1-561127-9

94-402 Lehopulu Street

Reviewer: Julie Hastings

Waipahu HI 96797

Begin Date: 9/20/2021

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

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

Comment:

6.(d)(1)-Annual inspection conducted for this 3 bed home.
Home is in compliance with all reviewed HARS

A corrective action report (CAR) was issued during the visit and a corrective action plan (CAP) is due back to [REDACTED] before 10/20/2021.

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

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

Comment:

41.(b)(7)
Cg#1 and CG#2 TB lapsed



Compliance Manager

9/20/2021

Date



Primary Care Giver

9/20/2021

Date

CTA RN Compliance Manager: Julie Hastings

**Community Care Foster Family Home (CCFH)
Written Corrective Action Plan (CAP)
Chapter 11-800**

PCG's Name on CCFH Certificate: Glenda C. Ramo
CCFH Address: 94-402 Lehopulu St. Waipahu HI 96797

Rule Number	Correction Action Taken- How was each issue fixed for each evaluation?	Date each violation was fixed	Preventive Strategy - How will you prevent each violation from happening again in the future?
41(b)(7)	<p>CG#1 Completed TB test on 08/08/21. Reviewed and signed by PCP</p> <p>CG#2 Completed TB test on 09/24/21. Reviewed and signed by PCP.</p>	<p>10/07/21</p> <p>09/24/21</p>	<p>I'll make sure that all completed and renewed requirements are placed in my caregivers chart. I'll make sure to use calendar or phone putting all the expiration dates of all the requirements that are due and check it every month.</p>

All items that were fixed are attached to this CAP

PCG's Signature: Glenda C. Ramo Date: 10/08/21

CTA has reviewed all corrected items