

# Foster Family Home - Deficiency Report

Provider ID: 1-564501

Home Name: Aristotle Ramos, CNA

Review ID: 1-564501-10

2820-B Kalihi Street

Reviewer: David Ayling

Honolulu

HI 96819

Begin Date: 12/1/2021

## Foster Family Home

### Required Certificate

[11-800-6]

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

Comment:

6.(d)(1) - Home inspection for a 3 person CCFFH recertification. Corrective Action Report issued during home inspection with written plan of correction due to CTA by 1/2/22.

## 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) - eCrim expired on 9/3/2021 for CG #1 and CG #2. Renewed on 9/23/2021.

David A Ayling  
Compliance Manager

[Signature]  
Primary Care Giver

12/1/2021  
Date

12/1/2021  
Date

12/1/2021 11:13:48 AM

CTA RN Compliance Manager: DAVID AYLING, RN

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

PCG's Name on CCFFH Certificate: ARISTOTLE RAMOS  
(PLEASE PRINT)

CCFFH Address: 2870 KALIHU ST. #B, HAWAII, HI 96819  
(PLEASE PRINT)

Rule Number	Corrective Action Taken - How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy - How will you prevent each violation from happening again in the future?
8(a)(1)	I SHOWED [REDACTED] A CURRENT eCRIME FOR CG#1 and CG#2 ON THE DAY OF THE VISIT.	12/1/2021	I PUT EXPIRATION DATES FOR E CRIME FOR ALL CGS ON MY I PHONE CALENDAR AND SET REMINDER FOR 1 MONTH PRIOR TO EXPIRATION

All items that were fixed are attached to this CAP

PCG's Signature: [Signature]

Date: 12/1/2021

CTA has reviewed all corrected items