

Foster Family Home - Deficiency Report

Provider ID: 1-150061

Home Name: Fina M. Ramos, CNA

Review ID: 1-150061-10

91-1130 Nale Street

Reviewer: Po Lim

Ewa Beach HI 96706

Begin Date: 8/4/2022

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

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

Comment:

6.d.1. Unannounced inspection made for a 3-bed recertification. Corrective action report issued during inspection with corrective action plan due to CTA on 9/4/2022. (30 days from the date the CCFFH is given their deficiency report).

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 and 8.a.2. CG# 1, #2, #3, #4 and HHM #2 does not have ECRIM report. HHM#1 does not meet the two consecutive set of APS, CAN, Fingerprints requirement within 12 months period.

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

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41.b.8 CG#3 have expired First Aid on 3-25-2022.

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 Client#1, #2 have door knobs that locks on the outside.

Compliance Manager

Primary Care Giver

Date

Date