

Foster Family Home - Deficiency Report

Provider ID: 1-200064

Home Name: Charmaine Claudine M. Ramos, CNA

Review ID: 1-200064-5

938 Paaaina Street

Reviewer: Maribel Nakamine

Pearl City HI 96782

Begin Date: 9/21/2022

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 recertification inspection conducted.

Deficiency Report issued during CCFFH inspection with a written plan of correction due to CTA on 10/21/22.

PCG requests to increase from a 2-bed to a 3-bed CCFFH.

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)- CG#2's APS/CAN/Fingerprinting result was over 6 months as CG#1 applied to increase from a 2-bed to a 3-bed CCFFH.

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's TB result lapsed on 10/22/21 and was not done until 12/14/21. CG#2's TB result dated 8/3/22 was signed by an RN (required to be signed by an MD, APRN, or a PA) to be acceptable.

Maribel Nakamine RN 9/21/22

Compliance Manager
[Signature]

Primary Care Giver
Date 9/21/22
Date 9/21/22