

# Foster Family Home - Deficiency Report

Provider ID: 1-564501

Home Name: Aristotle Ramos, CNA

Review ID: 1-564501-14

2820-B Kalihi Street

Reviewer: Terri Van Houten

Honolulu

HI 96819

Begin Date: 9/28/2023

## 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 annual inspection for 3 bed CCFFH. Report issued during CCFFH inspection with written plan of correction due to CTA by 10/28/23.

## 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) - CCFFH did not have evidence that CG#1 had a current TB clearance.

## 3 Person Fire Safety, Natural Disaster 3 Person Fire Safety (3P) Fire

(3P)(b)(1) Fire shall be conducted monthly

Comment:

(3P)(b)(1) Fire - CCFFH did not have evidence that a fire drill was conducted monthly. CCFFH was missing fire drills from May, June, and July 2023.

  
\_\_\_\_\_  
Compliance Manager

  
\_\_\_\_\_  
Primary Care Giver

9/28/23  
\_\_\_\_\_  
Date

9/28/23  
\_\_\_\_\_  
Date