

# Foster Family Home - Deficiency Report

Provider ID: 1-595803

Home Name: Asela Ramos, CNA

Review ID: 1-595803-9

94-949 Hiapo Street

Reviewer: Po Lim

Waipahu

HI 96797

Begin Date: 11/7/2023

## 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 visit made for a 2 bed re-certification inspection.

Deficiency Report issued during CCFFH inspection via email on 11/7/2023 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

## Foster Family Home Background Checks [11-800-8]

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

8.(c) The department shall make a name inquiry into the criminal history records for the first two years a case management agency is licensed or a home is certified and annually or biennially thereafter depending on the licensure status of the case management agency or certification status of the home.

Comment:

8(a)(2) APS/CAN checks were lapsed for CG#1 and CG#2(HHM# 1). APS/CAN was due on or before 2/1/2023 and was completed on 3/9/2023.

8(c) State Name Check (eCrim) was lapsed for CG#1 and CG#2(HHM# 1). State Name Check (eCrim) was due on or before 1/18/2023 and was completed on 2/27/2023.

## 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) CCFFH did not have evidence of current CPR/First Aid training for CG# 3. It was due on/before 2/12/2023 and was completed on 3/3/2023.

## Foster Family Home Records [11-800-54]

54.(c)(5) Medication schedule checklist;

Comment:

54(c)(5) No MAR present for October 2023 for Client#1.

Compliance Manager

Primary Care Giver

Date

Date