

# Foster Family Home - Deficiency Report

**Provider ID:** 1-110041

**Home Name:** Orlando Ramos, Jr., CNA

**Review ID:** 1-110041-16

94-1004 Puloku Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 1/23/2024

Foster Family Home	Required Certificate	[11-800-6]
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6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.d.1- Unannounced visit made for a 3-bed annual inspection.

Deficiency Report issued during CCFFH inspection with plan of correction due to CTA within 30 days of inspection (issued on 1/23/24).

Foster Family Home	Background Checks	[11-800-8]
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8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

Comment:

8.(a)(1)- CG#1, CG#2, and CG#3's Ecrims results lapsed on 2/22/23 and was not done until 3/1/23.

Foster Family Home	Personnel and Staffing	[11-800-41]
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41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

Comment:

41.(b)(7)- CG#3's TB clearance lapsed on 11/17/23 and no current result was present.

3 Person Fire Safety, Natural Disaster	3 Person Fire Safety	(3P) Fire
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(3P)(b)(1) Fire shall be conducted monthly

(3P)(b)(6) Fire shall include all SCGs at least once per year

Comment:

(3P)(b)(1), (6) Fire- CCFFH last monthly fire drill was on 2/1/23; none from 3/2023-12/2023. CG#3 had not conducted a monthly fire drill for the past 12 months.

Foster Family Home	Physical Environment	[11-800-49]
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49.(a)(2) Grab bars in bath and toilet rooms used by the client, as appropriate;

Comment:

49.(a)(2)- no grab bars near toilet.

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Foster Family Home

Records

[11-800-54]

54.(c)(5)

Medication schedule checklist;

Comment:

54.(c)(5)- Daily/Routine medications in Client #1, Client #2, and Client #3's Medication Administration Records (MARs) were last signed on 1/19/24.

Maribel Nakamine, R 1/23/24  
Compliance Manager Date  
[Signature] 1/23/24  
Primary Care Giver Date