

# Foster Family Home - Deficiency Report

Provider ID: 1-561127

Home Name: Glenda Ramo, CNA

Review ID: 1-561127-15

94-402 Lehopulu Street

Reviewer: Ryan Nakamua

Waipahu HI 96797

Begin Date: 5/7/2024

## 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 within 30 days of inspection (inspection date: 5/7/2024).

## 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): No documentation provided by CCFFH of current TB clearance for CG#2. TB clearance was due by 10/23/2023.

## Foster Family Home Fire Safety [11-800-46]

46.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

Comment:

46.(a): No documentation of fire drill conducted monthly at CCFFH. Last fire drill conducted was on 12/16/2023 and no fire drill conducted on 8/2023.

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

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

Comment:

54.(c)(5): No documentation of medications being administered to all clients daily. Last documented medication administration completed on 5/05/2024.

  
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Compliance Manager

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

5/7/24  
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Date  
5/7/24  
\_\_\_\_\_  
Date