

Foster Family Home - Deficiency Report

Provider ID: 1-230018

Home Name: Le Ann Ramos, NA

Review ID: 1-230018-5

94-572 Pilimai Place

Reviewer: Ryan Nakamura

Waipahu

HI 96797

Begin Date: 11/13/2024

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 CCFFH inspection for 2 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA within 30 days of inspection (inspection date: 11/13/2024)

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;

Comment:

8.(a)(1): Evidence of lapse of 2nd set of fingerprint background check for CG#2, HHM#2, and HHM#3. 2nd set background check was due by 3/2/2024 and completed 8/31/2024 for CG#2. 2nd set background check was due by 3/3/2024 and completed on 9/03/2024 for HHM#2 and HHM#3.

Foster Family Home Personnel and Staffing [11-800-41]

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

41.(c) The primary caregiver shall attend twelve hours, and the substitute caregiver shall attend eight hours, of in-service training annually which shall be approved by the department as pertinent to the management and care of clients. The primary caregiver shall maintain documentation of training received by all caregivers, in the caregiver file in the home.

Comment:

41.(b)(7): Evidence of lapse of TB clearance for CG#2, HHM#3, and HHM#4. TB clearance was due by 2/29/2024 and completed 9/09/2024 for CG#2, HHM#2, and HHM#3.


41.(c): No evidence provided by CCFFH that CG#1 met minimum requirement of at least 12 hours of annual in-service training in 2023.

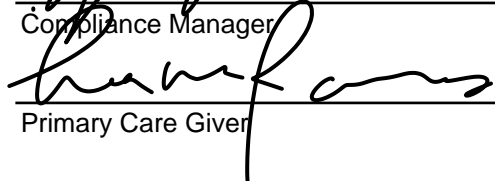
Foster Family Home Records [11-800-54]

54.(c)(6) Daily documentation of the provision of services through personal care or skilled nursing daily check list, RN and social worker monitoring flow sheets, client observation sheets, and significant events that may impact the life, health, safety, or welfare of, or the provision of services to the client, including but not limited to adverse events;

Comment:

54.(c)(6): No documentation provided by CCFFH of progress notes of significant events that occurred regarding client #1 that impact client's life, health, or provision of services to client.



Compliance Manager


Primary Care Giver

11/13/24

Date
11/13/24

Date