

# Foster Family Home - Deficiency Report

Provider ID: 1-220020

Home Name: Kathrene Ramos, CNA

Review ID: 1-220020-10

94-1361 Hiapo Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 1/9/2025

## 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 3-bed recertification inspection.

Deficiency Report issued during CCFFH inspection with plan of correction due to CTA within 30 days of inspection (issued on 1/9/25).

6.d.1- Client #1 without an 1147 in chart/records.

## Foster Family Home Client Rights [11-800-53]

53.(b)(9) Be treated with understanding, respect, and full consideration of the client's dignity and individuality, including privacy in treatment and in care of the client's personal needs;

Comment:

53.(b)(9)- Client #2's bedroom door lock was on the outside. Client would not be able to lock door for privacy.

53.(b)(9)- CCFFH with a video surveillance camera located in the kitchen and living room areas- no consents present from Client #2 and Client #3.

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

54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

Comment:

54.(c)(2)- No Service Plans present in Client #1 and Client #2's charts. Client #3's Service Plan dated 7/15/24 without the client's signature.

Maribel Nakamine, RN 1/9/25  
Compliance Manager Date  
[Signature] 1/9/25  
Primary Care Giver Date