

# Foster Family Home - Deficiency Report

Provider ID: 1-160066

Home Name: Ogilyn Ramos, CNA

Review ID: 1-160066-16

94-1084 Lumiauu Street

Reviewer: Po Lim

Waipahu HI 96797

Begin Date: 7/8/2025

## 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 re-certification inspection.

Deficiency Report issued during CCFFH inspection via email on 7/8/2025 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)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

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)(1) Fingerprint was overdue for HHM#3. Fingerprint was not present in the CCFFH file. Sex offender registry check was not completed for HHM#3.

8(c) State Name Check (eCrim) was lapsed for CG#2. State Name Check (eCrim) was due on or before 7/5/2024 and was completed on 1/2/2025.

## 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 Bloodborne Pathogen/Infection control training for CG#4. It was due on/before 7/5/2025.

Compliance Manager

Primary Care Giver

Date

Date

CTA RN Compliance Manager: Po Lim

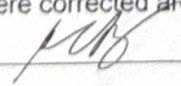
Community Care Foster Family Home (CCFFH)  
Written Plan of Correction (POC)  
Chapter 11-800

PCG's Name on CCFFH Certificate: OGILYN RAMOS  
(PLEASE PRINT)

CCFFH Address: 94-1084 LUMIAUUAU ST. WAIPAHU, HI 96797  
(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
8.(a)(1)	HHM#3. Fingerprint was obtained on 07/16/25 and placed in the CCFFH binder. Obtained sex offender registry check on 07/09/25 and kept in the CCFFH binder.	07/16/25  07/09/25	Pcg will use cellphone, and mark calendar date for reminder. PCG will use checklist to insure all documents are complete and up to date.
8.(c)	Lapsed cannot be corrected.		PCG will use cellphone, or ipad to set for reminder. Will also mark calendar for reminder two months before it expires.
41.(b)(8)	CG#4. Obtained the Bloodborne Pathogen/Infection Control and placed in the CCFFH binder.	07/09/25	Home will do a monthly check on the CCFFH binder to ensure everything is up to date.

☒ All items that were corrected are attached to this POC

PCG's Signature: 

Date: 07/23/25

☒ CTA has reviewed all corrected items