

Foster Family Home - Deficiency Report

Provider ID: 1-230041

Home Name: Aprilly Ramos, CNA

Review ID: 1-230041-8

94-1013 Maikai Street

Reviewer: Po Lim

Waipahu HI 96797

Begin Date: 3/3/2026

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 inspection for a 3 bed CCFFH re-certification.

Client#2 Form 1147 is not present in the file.

Deficiency Report issued during CCFFH inspection via email on 3/3/2026 with Plan of Correction due to CTA within 10 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;

Comment:

8.(a)(1) Sex Offender check are not present for HHM#3 and HHM#4.

Foster Family Home Information Confidentiality [11-800-16]

16.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.

Comment:

16.(b)(5) No proof that training on confidentiality policies and procedures and client privacy rights was provided to HHM#3 and HHM#4.

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Foster Family Home

Personnel and Staffing

[11-800-41]

- 41.(b)(4) Cooperate with the department to complete a psychosocial assessment of the caregiving family system in accordance with section 11-800-7.(b)(2).
- 41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and
- 41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.
- 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.4. Disclosure form was not up to date for CG#1.

41.(b)(7) CCFFH did not have evidence of current TB clearance or exclusion for CG#3, HHM#3, HHM#4, and HHM#5. CG#3 TB clearance expired, was due on/before 5/13/2025 and was present in the file. HHM#3, #4, and #5 did not have TB clearance present in their file.

41.(b)(8) CCFFH did not have evidence of current CPR/First Aid training for CG#1, #2, #3, and #4. CG#1, CG#2, and CG#3 CPR/1st AID was due on/before 5/31/2025. CG#4 CPR/1st AID was due on/before 8/22/2025.

41.(c) CCFFH did not have evidence of required number of hours of in-service training per calendar year for CG#1, #2, #3, and #4.

CG#1, #2, #3 requires 12 hours of in-service training, but had ZERO hours attended in 2025.

CG#4 requires 12 hours of in-service training, but had 8 hours attended in 2025.

Foster Family Home

Client Care and Services

[11-800-43]

- 43.(c)(3) Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may delegate client care and services as provided in chapter 16-89-100.

Comment:

43.(c)(3) No RN delegation present for Client# 2 and Client#3 for CG#2 and CG#3.

Compliance Manager

Primary Care Giver

Date

Date