

Foster Family Home - Deficiency Report

Provider ID: 1-564501

Home Name: Aristotle Ramos, CNA

Review ID: 1-564501-18

2820-B Kalihi Street

Reviewer: Maribel Nakamine

Honolulu

HI 96819

Begin Date: 11/4/2025

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 emailed to CCFFH with plan of correction due to CTA within 30 days of issuance (issued on 11/5/25).

6.d.1- Client #2 without an 1147 in chart/records.

Foster Family Home Background Checks [11-800-8]

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(2)- CG#1's APS/CAN lapsed on 6/16/25 and was not renewed until 9/30/25.

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 confidentiality policies and procedures and client privacy rights training present for CG#3.

Foster Family Home Quality Assurance [11-800-50]

50.(a) The home shall have documented internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to:

Comment:

50.(a)- CG#3 without evidence of having been trained with the CCFFH's Emergency Preparedness Plan.

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)- Clients' bathroom without a door present infringing on clients' privacy right.

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Records

[11-800-54]

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

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

Comment:

54.(c)(2) - Client #2 without a Service Plan in chart/records. Client was admitted to CCFFH on 9/9/25.

54.(c)(5) - Medication discrepancy noted for Doxepin- Client #1's Medication Administration Record's dose(3mg) did not match the MD's order (10mg) and the medication's label(10mg).

Mabel Makamere, RN 11/5/25
Compliance Manager Date

Primary Care Giver

Date