

Foster Family Home - Deficiency Report

Provider ID: 1-230018

Home Name: Le Ann Ramos, NA

Review ID: 1-230018-7

94-572 Pilimai Place

Reviewer: Maribel Nakamine

Waipahu

HI 96797

Begin Date: 12/17/2025

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 2-bed recertification inspection.

Deficiency Report issued during CCFFH inspection with plan of correction due to CTA within 30 days of inspection (issued on 12/17/25).

Foster Family Home Physical Environment [11-800-49]

49.(c)(3) The home shall be maintained in a clean, well ventilated, adequately lighted, and safe manner.

Comment:

49.(c)(3)- Client #2's bedroom with strong smell of human urine during CCFFH inspection. Odor coming from client's bedsheet and rubbish can.

Foster Family Home Insurance Requirements [11-800-51]

51.(a)(2) Automobile; and

Comment:

51.(a)(2)- CCFFH's automobile policy lapsed on 2/1/25 and was not renewed until 7/31/25.

Foster Family Home Records [11-800-54]

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

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)(5)- Client #1's Medication Administration Record (MAR) for December 2025 was last signed on 12/14/25. Client #2's MAR for December 2025 was missing the medication Tradjenta. Sulfameth/Trimethoprim medication and Cefdinir were ordered on October 10, 2025 for 10 days doses. These medications were discontinued back in October 2025. The December 2025 with these medications were listed in the client's MAR, medications no longer present in client's bin, however, the December 2025 MAR with CG#1's signatures as administered to client from December 1, 2025- December 14, 2025.

54.(c)(6)- Client #1's ADLs/Daily Care Flowsheet was last signed on 12/14/25.


Compliance Manager Date 12/17/25


Primary Care Giver Date 12/17/25

CTA RN Compliance Manager: Maribel Nakamine

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

PCG's Name on CCFH Certificate: Le Ann T Ramos

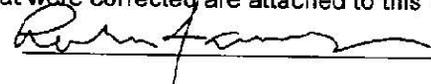
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CCFFH Address: 94-572 Pilimai Place waipahu, Hi 96797

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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?
49.(c)(3)	I changed client #2 bed sheets and threw away any trash in the room	12/18/25	Caregiver shall empty trash can daily and have properly sanitized and deodorized clients room to ensure that is no odor.
51.(a)(2)	CCFFH's automobile policy lapsed on 2/1/25 and was not renewed until 7/31/25 (Lapse cannot be corrected)	12/18/25	Set calendar alerts on my phone 7-10 days before the due date. I make sure to up tp date my policy.
54.(c)(5)	I filled out Clint#1 MAR. Last filled on 12/14/25. Lapse cannot be corrected. I update Client#2 MAR and check the dates of the medication and order from PCP. Communicated with CM to make proper changes in the MAR.	12/18/25	Caregiver will make sure MAR and pcp orders are the same by double checking both documents. Also as soon as a new order is made I will inform my CM to update MAR.
54.(c)(6)	Clients#1 ADL's/Daily Care Flowsheets ws last signed on 12/14/25 (Lapse cannot be corrected)		ADI updated daily

All items that were corrected are attached to this POC

PCG's Signature: 

Date: 1/22/26

CTA has reviewed all corrected items