

Foster Family Home - Deficiency Report

Provider ID: 1-220020

Home Name: Kathrene Ramos, CNA

Review ID: 1-220020-13

94-1010 Eleu Street

Reviewer: Po Lim

Waipahu HI 96797

Begin Date: 3/6/2026

Foster Family Home	Required Certificate	[11-800-6]
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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.

Deficiency Report issued during CCFFH inspection via email on 3/6/2026 with Plan of Correction due to CTA within 10 days of inspection date of issuance.

Foster Family Home	Information Confidentiality	[11-800-16]
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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 CG#4 and #5.

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Foster Family Home

Personnel and Staffing

[11-800-41]

- 41.(a)(3) Have at least one year of experience in a home setting as a NA, a LPN, or a RN; and
- 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.(e) The primary caregiver shall identify all qualified substitute caregivers, approved by the department, who provide services for clients. The primary caregiver shall maintain a file on the substitute caregivers with evidence that the substitute caregivers meet the requirements specified in this section.
- 41.(g) The primary and substitute caregivers shall be assessed by the department for competency in basic caregiver skills and specific skill areas needed to perform tasks necessary to carrying out each client's service plan. The documentation of training and skill competency of all caregivers shall be kept in the client's, case manager's, and caregiver's current records with the current service plan.
- 41.(h) The primary caregiver shall ensure that all substitute caregivers are approved by the department prior to providing services and shall provide a verbal and written report of all substitute caregiver changes, including additions, terminations and replacements, to the department.

Comment:

41(a)(3) No job experience form present for CG#5.

41.(b)(7) CCFFH did not have evidence of current TB clearance or exclusion for CG#1. CG#1 TB clearance was not signed by a provider. Signature missing from form.

41.(b)(8) CCFFH did not have evidence of current CPR/First Aid training for CG#5. It was due on/before 1/24/2025.

41.e. CG #5 CTA approval form was not present in the file.

41.g. No basic skills check present in record for CG#4 for Client #1.

41.(h) Unapproved CG is not approved to work in a 3 bed CCFFH.

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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;

Comment:

54(c)(2) No current signature of POA for service plan present for Client#1 and #2.

Compliance Manager

Primary Care Giver

Date

Date