

Foster Family Home - Corrective Action Report

Provider ID: 1-150048

Home Name: Jason Arrocena, CNA

94-123 Awaia St.

Waipahu

HI 96797

Review ID: 1-150048-1

Reviewer: [REDACTED]

Begin Date: 9/15/2015

End Date:

10/2/15

Foster Family Home

Required Certificate

[17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home visit on 9/15/15 for initial certification of 2 bed home. Corrective Action Report issued at time of review. Requirements due by 10/15/15.

6.(d)(1) Refer to appropriate sections of this review.

Foster Family Home

Background Checks

[17-1454-7.1]

7.1.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

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

Comment:

7.1.(a)(1)(2) APS and Fingerprint needed for HHM #1.

[REDACTED]
Compliance Manager

knmsn

Date

9/15/15

[REDACTED]
Primary Care Giver

Date

9/15/15

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Foster Family Home Required Certificate [17-1454-6]

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Comment:

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Foster Family Home Background Checks [17-1454-7.1]

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

Comment:

7.1.(a)(1)(2) APS and Fingerprint needed for HHM #1.

FOR 7.1.(a)(1) AND 7.1.(a)(2), I OBTAINED APS, AND FINGERPRINTING FOR HOUSEHOLD MEMBER. ALL FORMS WERE SUBMITTED TO CTA. TO PREVENT THIS FROM HAPPENING AGAIN I HAVE LOGGED RENEWAL DATES ON CALENDERS.

[REDACTED] 12/11/15
Compliance Manager

[Signature]
Primary Care Giver

9/15/15
Date

10/09/15
Date