

Foster Family Home - Corrective Action Report

Provider ID: 1-150048

Home Name: Jason Arroccena, CNA

Review ID: 1-150048-2

94-123 Awaia St.

Reviewer:

Waipahu HI 96797

Begin Date: 7/26/2016

End Date: 9/16/16

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

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

Comment:

6 (d)(1) Home visit made on 7/26/2016 for a 2-bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA on 8/26/2016.

6 (d)(1) see applicable 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;

Comment:

7.1.(a)(1) CG#2 2nd set of finger printing not present in the home.

Foster Family Home Personnel and Staffing [17-1454-41]

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

41.(b)(8) CG#1 CPR and 1st Aid certificate expired on 3/30/16 but renewed on 6/4/2016 with about 2 months lapse.

41.(f)(1) HHM#1 No current TB clearance present in the home.

Compliance Manager

Primary Care Giver

Date

Date

Aug.25.2015 06:49 AM Jason Arroccena

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Written Plan of Correction

08/24/16

7.1.(a)(1) CG#2 Now has second set of fingerprinting. Dated 8/23/2016
The home now has a tracking log before due dates so this will not happen in the future. [REDACTED]

41.(b)(8) CG#1 CPR and 1st aid will not lapse in future again because the home will use a tracking log before due dates.

41.(f)(1) HHM#1 Now has current TB Clearance Dated 8/5/2016. The home now has a tracking log before due dates for all requirements. [REDACTED]
[REDACTED]

Signed 
Date 08/24/16

Jason Arroccena
94-123 Awaia St.
Waipahu, HI 96797