

2-140001  
 Arcelie Weaver, CNA  
 12-13-17

CCFFH  
 Corrective Action Report

END DATE 12-13-17		Date Written Corrective Action Plan Must Be Submitted to CTA:	
Check Item	H.A.R. 17-1454 Chapter #	Chapter Heading	Noncompliance
✓	6	Required License or certification approval:	
✓	7	Application	
✓	7.1	Background checks	
✓	10	Reporting changes	
✓	13.1	Confidentiality of applicant and recipient information	
✓	37	Operation of a CCFFH	
✓	37.1	Contracting with a case management agency	
✓	41	Personnel and staffing	
✓	42	Client Eligibility	
✓	43	Client care and services	
✓	44	Client transfer and discharges	
✓	44.1	Grievance	