

Foster Family Home - Corrective Action Report

Provider ID: 1-180018

Home Name: Roxanne Aranda, CNA

Review ID: 1-180018-1

3415 Aliamanu Street

Reviewer: Carrie Wakai

Honolulu HI 96818

Begin Date: 5/30/2018

End Date: 5/30/2018

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 for a new 2 bed CCFFH certification survey. A Corrective Action Report was issued during the visit with a Corrective Action Plan due to CTA by 6/28/2018.

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)& 7.1(a)(2)-APS/CAN/Fingerprinting lapsed for CG#1-was due 2/4/18 and was done 2/23/18.

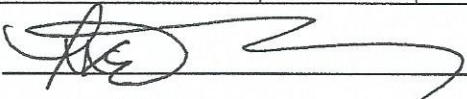
Carrie Wakai m
Compliance Manager
Roxanne
Primary Care Giver

5/30/2018
Date
5/30/2018
Date

Community Care Foster Family Home (CCFFH)
 Written Plan of Correction for Deficiencies
 Listed in Corrective Action Report
 Chapter 17-1454

CCFFH Name: ROXANNE ARANDA
 CCFFH Address: 3415 ALIAMANU ST. HONOLULU, HI. 96818

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
7.1.9.1	Lapse cannot be corrected	5/30/18	PCG will complete fingerprint before due date lapses. Foster home has placed reminder notes in an appointment/planner book to remind ^{primary} caregiver to complete the APS/CAN & fingerprinting one month before the due date to avoid from lapsing in the future.
7.1.9.2	Lapse cannot be corrected	5/30/18	

Primary Caregiver's Signature: 

Print Name: ROXANNE ARANDA

Date of Signature: 5/30/18