

# Foster Family Home - Corrective Action Report

Provider ID: 1-180038

Home Name: Maria Cristine Arzadon, CNA

Review ID: 1-180038-1

2019 Kalihi Street

Reviewer: Lori O'Keefe

Honolulu

HI 96819

Begin Date: 7/25/2018

End Date:

7/30/18

## Foster Family Home

## Required Certificate

[17-1454-6]

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

Comment:

Home visit for new application 2 client home. Corrective action report issued during home visit with corrective action plan due to CTA by 8/25/18.

## Foster Family Home

## Personnel and Staffing

[17-1454-41]

41.(b)(5) Provide non-medical transportation through possession of a valid Hawaii driver's license and access to an insured vehicle, or an alternative approved by the department.

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

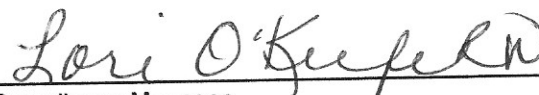
41.(e) The primary caregiver shall identify all qualified substitute caregivers, approved by the department, who provide services for clients. The primary caregiver shall maintain a file on the substitute caregivers with evidence that the substitute caregivers meet the requirements specified in this section.

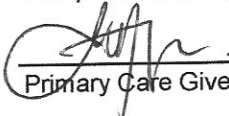
Comment:


41.(b)(5) Does not have adequate BI/PD coverage.

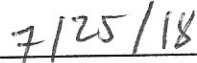
41.(b)(8) CG #3 does not have bloodborne pathogens training on file.

41.(e) Pending SCG approval once file is complete.

  
Compliance Manager

  
Primary Care Giver

  
Date

  
Date

