

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.

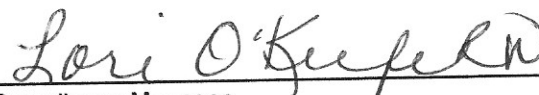
41.(e) The primary caregiver shall identify all qualified substitute caregivers, approved by the department, who provide services for clients. The primary caregiver shall maintain a file on the substitute caregivers with evidence that the substitute caregivers meet the requirements specified in this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

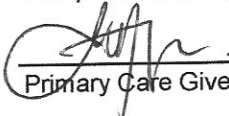
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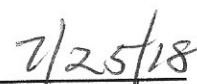
41.(b)(5) Does not have adequate BI/PD coverage.

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

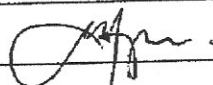

Date

7/25/18
Date

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

CCFFH Name: Maria Cristine Arzadon
CCFFH Address: 2019 Kalihi Street Honolulu HI 96819

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
41.b.5	The insurance plan have been changed to have an adequate BI/PD coverage. It was placed in the administrative binder.	7/26/18	Home understands that the insurance coverage is required. Home will keep the insurance plan and will stay as it is each renewal time.
41.b.8	CG#3 was trained on bloodborne pathogens and certificate was obtained. It was placed into the home record.	7/26/18	In the future, all caregivers will be notified to update and renew their trainings 2 months before the prior expiration date to allow time to get them done.

Primary Caregiver's Signature: 

Print Name: MARIA CRISTINE ARZADON Date of Signature: 07/27/18