

Foster Family Home - Corrective Action Report

Provider ID: 1-509268

Home Name: Emmanuel Arreza, CNA

Review ID: 1-509268-7

94-1385 Hiaai Place

Reviewer: David Ayling

Waipahu HI 96797

Begin Date: 10/1/2018

End Date: 10/12/18

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

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

Comment:

Home visit for a 2 person CCFFH recertification review made on 10/1/18. Corrective Action Report issued during home visit with all items due to CTA by 11/1/11

6.(d)(1) - see applicable sections of the 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:

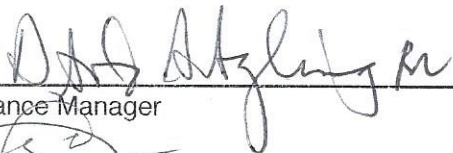
7.1.(a)(1) - No second year fingerprints for CG #4. Expired on 5/22/18.

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

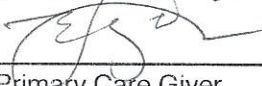
41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41.(b)(8) - No Blood Borne Pathogen certification done for CG #4.



Compliance Manager



Primary Care Giver

10/1/18

Date

10-1-18

Date

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

CCFFH Name: **ARREZA'S FOSTER HOMES**
 CCFFH Address: **94-1483 HIAAI PL. WAIPAHU, HI. 96797**

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
7.1.(A)(1)	JUST RECEIVED THE RESULT OF CG. #4 APS,CAN & FINGERPRINT. PRINT AND PLACED IN MY CTA BINDER.	10/10/18	IN MY COMPUTER CALENDAR I WILL WRITE THE EXPIRATION DATES FOR
41.(B)(8)	JUST RECEIVED THE BLOODBORNE PATHOGEN FROM CG. #4. COPY AND PLACED IN MY CTA BINDER.	10/10/18	APS,CAN,PINGERPRINT, CPR,FIRST AID & BLOOD BORNE PATHOGEN FOR EACH CAREGIVER. I WILL SET THE REMIDERS ONE MONTH BEFORE THE EXPIRATIONS.

Primary Caregiver's Signature: 

Print Name: EMMANUEL ARREZA

Date of Signature: 10-12-18