

Foster Family Home - Corrective Action Report

Provider ID: 1-509268

Home Name: Emmanuel Arreza, CNA

Review ID: 1-509268-5

94-1385 Hiaai Place

Reviewer: David Ayling

Waipahu HI 96797

Begin Date: 9/29/2017

End Date: 10/12/17

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 9/29/17. Corrective Action Report issued during home visit with all items due to CTA by 10/29/17.

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

Foster Family Home Background Checks [17-1454-7.1]

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)(2) - APS/CAN expired for CG #1, CG #2, and CG #3. Renewed on 9/20/17 (expired on 7/8/16).

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

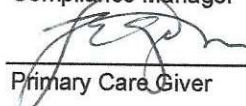
41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

41.(f)(1) - HHM #1 needs a current TB clearance.


Compliance Manager

Date


Primary Care Giver

Date

Oct. 10, 2017

To whom it may concern;

7.1(a)(2) – I showed CTA our current APS/CAN for CG #1, #2 and #3 on the day of my recertification visit on 9/29/2017.

41.(f) (1) – I have obtained a current TB clearance for HHM #1 and placed in my CTA binder.

I have made a list of the expiration dates for APS/CAN and TB clearance for all CG's and HHM's. I have placed the list in the front on my CTA binder and I will review these monthly.

Thank you,

Emmanuel G. Arreza