

# Foster Family Home - Corrective Action Report

Provider ID: 1-180038

Home Name: Maria Cristine Arzadon, CNA

Review ID: 1-180038-2

2019 Kalihi Street

Reviewer: Angelica Galindo

Honolulu HI 96819

Begin Date: 4/23/2019

## Foster Family Home Required Certificate [11-800-6]

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

Comment:

Home inspection for a 2 person CCFFH recertification made on 4/23/19. Corrective Action Report issued during home inspection with all items due to CTA by 5/23/19.

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

## Foster Family Home Personnel and Staffing [11-800-41]

41.(b)(6) Comply with all applicable federal, state, and county laws, ordinances, rules, regulations, and regulatory requirements, including but not limited to statutes that prohibit discrimination against any person, on the grounds of race, color, national origin, religion, creed, sex, age, marital status, or handicap;

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

Comment:

41.(b)(6) - There is a blocked doorway with stairs leading up to occupants on the other side.

41.(b)(8) - CG#1 obtained CPR through online services on 9/09/18.



Compliance Manager

4/23/19  
Date




Primary Care Giver

4/23/19  
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 St. Honolulu, HI 96819**

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
41.(b)(6)	Household #4, and #5 have obtained their fieldprint and TB Clearances. It was placed into home record.	7/29/19	Home understands the safety requirements. Home will make sure to obtain the requirements ahead of time before the due dates.
41.(b)(8)	CG #1 obtained in class CPR. It was placed into home record.	5/1/19	Home understands the requirements and will make sure that caregivers will take the class with proper trainings.

Primary Caregiver's Signature: \_\_\_\_\_  \_\_\_\_\_  
 Print Name: MariaCristineArzadon Date of Signature: 7/29/19