

# Foster Family Home - Corrective Action Report

Provider ID: 1-150048

Home Name: Jason Arrocena, CNA

94-123 Awaia Street

Waipahu HI 96797

Review ID: 1-150048-7

Reviewer: Maribel Nakamine

Begin Date: 6/23/2020

## 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 completed.

Corrective Action Report issued during home inspection with all items due to CTA by 7/23/2020.

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

## Foster Family Home Background Checks [11-800-8]

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(1), (2)- No results of current APS/CAN/Fingerprinting or Ecrim for HHMs #3,4,5,6,7,8,9,10, and 11 seen in home binder. For HHM#2 Ecrim lapsed on 9/20/18 and renewed on 9/22/19; APS/CAN lapsed on 10/3/18 and renewed on 10/3/19.

*Maribel Nakamine, M*

Compliance Manager

*[Signature]*  
Primary Care Giver

*6/23/2020*  
Date

*06/23/2020*  
Date

CTA RN Compliance Manager: MARIBEL NAKAMINE

Community Care Foster Family Home (CCFFH)  
Written Corrective Action Plan (CAP)  
Chapter 11-800

PCG's Name on CCFFH Certificate: JASON ARROCENA  
(PLEASE PRINT)

CCFFH Address: 94-123 AWAIA ST WAIKALUA HI 96797  
(PLEASE PRINT)

| Rule Number      | Corrective Action Taken - How was each issue fixed for each violation?                                                                                              | Date each violation was fixed | Prevention Strategy - How will you prevent each violation from happening again in the future?       |
|------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------------------------------------------------------------------------------------|
| B.(a)<br>(1),(2) | FOR HIM #2 LARSE CANNOT BE CORRECTED.<br>FOR HIM #3, #4, #5, #6, #7, #8, #9, #10, AND #11 ALL OBTAINED A CURRENT APS/CAN/EZRM. DOCUMENTS WERE FILED IN HOME BINDER. | 07/15/20<br>TO<br>07/21/20    | HOME WILL USE IPHONE CALENDAR TO SCHEDULE DUE DATES 2-3 MONTHS IN ADVANCE TO PREVENT FUTURE LARSES. |

All items that were fixed are attached to this CAP  
PCG's Signature: [Signature]

Date: 07/23/2020

CTA has reviewed all corrected items