

Foster Family Home - Corrective Action Report

Provider ID: 1-509268

Home Name: Emmanuel Arreza, CNA

Review ID: 1-509268-10

94-1385 Hiaai Place

Reviewer: Julie Hastings

Waipahu

HI 96797

Begin Date: 10/16/2020

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

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

Comment:

6.(d)(1)- Home inspection completed for a 2 person CCFFH recertification.

Corrective Action Report Given with all corrections due to CTA by 11/26/2020.

Foster Family Home Insurance Requirements [11-800-51]

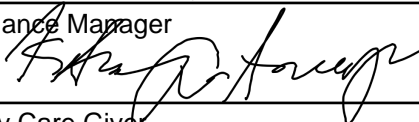
51.(a)(1) General;

Comment:

51.(a)(1)
CG#4 not on liability insurance.



Compliance Manager



Primary Care Giver

10/26/2020

Date

10/26/2020

Date

CTA RN Compliance Manager: Julie Hastings

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

PCG's Name on CCFFH Certificate: EMMANUEL G. ARREZA

(PLEASE PRINT)

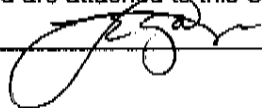
CCFFH Address: 94-1385 HIAAI PL WAIPAHU, HI. 96797

(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?
6.(d)(1)	Prefer the CCFFH recertification always.	10/27/20	From now on i will make copy for this CCFFH form and always ready.
51.(a)(1)	Call my Liability Insurance agent to add on CG#4	10/28/20	I will double check the names of my SCG if they are all included, and write in my calendar 2 months prior to the expiration.

 All items that were fixed are attached to this CAP

PCG's Signature: _____


Date: 11/4/2020 CTA has reviewed all corrected items