

# Foster Family Home - Corrective Action Report

**Provider ID:** 1-180038

**Home Name:** Maria Cristine Arzadon, CNA

**Review ID:** 1-180038-6

1438 Nanakai Street

Reviewer: Julie Hastings

Pearl City

HI 96782

Begin Date: 4/23/2021

## 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 3 person CCFFH recertification.

Home inspection completed for a 3 person CCFFH recertification

Corrective Action Report issued during home inspection with all approved written corrections due to CTA by 5/23/2021.

## 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)

CG#2 last fingerprint was 6/5/19. Was due on or before 6/5/20. No current fingerprint

HHM#3 has no

Fingerprint on record. (now 18 years old)

8.(a)(2)

CG#2 last APS/CAN was 6/5/19. Was due on or before 6/5/20. No current APS/CAN

HHM#3 has no APS/CAN on record. ( now 18 years old)

## Foster Family Home Information Confidentiality [11-800-16]

16.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.

Comment:

16.(b)(5)

CG#2 and HHM#2 and HM#3 have no privacy/confidentiality agreement.

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Foster Family Home

Personnel and Staffing

[11-800-41]

- 41.(a)(2) Be a NA, an LPN, or RN;
- 41.(a)(3) Have at least one year of experience in a home setting as a NA, a LPN, or a RN; and
- 41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and
- 41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.
- 41.(c) The primary caregiver shall attend twelve hours, and the substitute caregiver shall attend eight hours, of in-service training annually which shall be approved by the department as pertinent to the management and care of clients. The primary caregiver shall maintain documentation of training received by all caregivers, in the caregiver file in the home.
- 41.(e) The primary caregiver shall identify all qualified substitute caregivers, approved by the department, who provide services for clients. The primary caregiver shall maintain a file on the substitute caregivers with evidence that the substitute caregivers meet the requirements specified in this section.
- 41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

41.(a)(2)  
CG#2 does not have current CNA license in binder

41.(a)(3)  
CG#2 and CG#3 do not have work experience in binder.

41.(b)(7) CG#1, #2, #3. #4 TB expired  
C#1 last was 4/22/19. No 2020 or 2021 TB  
CG#2 last was 3/29/19. No 2020 or 2021 TB  
CG#3 last was 11/8/19. No 2020 TB  
CG#4 last was 9/4/19 no 2020 TB

41.(b)(8)  
CG#2 CPR/First Aid expired 3/18/21. No current CPR/First Aid.  
CG#2 Bloodborne Pathogen training expired. last was 4/3/19. no 2020 or 2021  
CCG#4 Bloodborne Pathogen training expired 8/10/20. No new in binder.

41.(c)  
CG#2 and CG#4 last training was in 2019. No training  
CG#3 only has 4 hours training in 2020

41.(e) CG#2 has 3 client approval in Odie but not in Binder  
CG#3 is NOT approved for a 3-client CCFFH

41.(f)(1)  
HHM #2 last TB was 11/8/19. no 2020 TB  
HHM#3 do not have any TB clearance in Binder

# Foster Family Home - Corrective Action Report

**3 Person Fire Safety,  
Natural Disaster**

**3 Person Fire Safety**

**(3P) Fire**

(3P)(b)(1) Fire shall be conducted monthly

Comment:

(3P)(b)(1) Fire  
only Jan-May 2020 Fire Drills. No fire drills after May 2020 recorded.

**3 Person Physical  
Environment**

**3 Person Physical Environment**

**(3P) Env.**

(3P)(c)(2) Env. the room must be adequate for socialization and dining by the clients, preferably with the family

Comment:

(3P)(c)(2) Env  
Living area is being used for HHM#1 and HHM2 sleeping area.

**Foster Family Home**

**Records**

**[11-800-54]**

54.(c)(5) Medication schedule checklist;

Comment:

54.(c)(5)  
Medication Administration Record for Client #3 last documented in March 2021. No April MAR.



\_\_\_\_\_  
Compliance Manager

\_\_\_\_\_  
Primary Care Giver

4/23/2021

\_\_\_\_\_  
Date

4/23/2021

\_\_\_\_\_  
Date