

Foster Family Home - Corrective Action Report

Provider ID: 1-090099

Home Name: Judilyn Arruda, CNA

Review ID: 1-090099-9

45-182 Keana Road

Reviewer: Julie Hastings

Kaneohe

HI 96744

Begin Date: 7/7/2021

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 8/7/2021

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

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

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.

Comment:

41.(b)(7)

CG#2 TB lapsed was done 2/28/2020. No 2021 TB. (CG on mainland)

41.(e) No 3 client Approval forms in chart for CG #2, #4, #5, #6. (They have approval in online records only)

3 Person Fire Safety, Natural Disaster 3 Person Fire Safety (3P) Fire

(3P)(b)(6) Fire shall include all SCGs at least once per year

Comment:

(3P)(b)(6) Fire

CG#2 has signature on May Firedrill. Per CG#1 she has been on the Mainland since January. Signature and form for May 2021 is not valid



Compliance Manager



Primary Care Giver

7/7/2021

Date

7/7/2021

Date