

# Foster Family Home - Corrective Action Report

Provider ID: 2-100058

Home Name: Mercedes Arquitola, CNA

Review ID: 2-100058-10

17-606 S. Ipu'aiwaha Place

Reviewer: Terri Van Houten

Kea'au

HI 96749

Begin Date: 6/27/2021

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

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

Comment:


6.(d)(1) - Unannounced annual home inspection for 3 bed CCFFH. Report issued during home inspection with written plan of correction due to CTA by 7/25/2021.

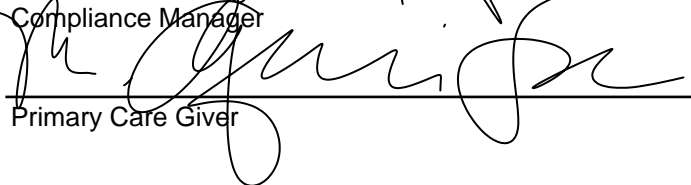
## Foster Family Home Records [11-800-54]

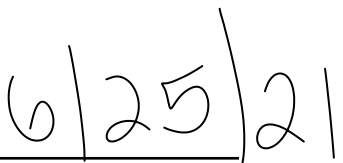
54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

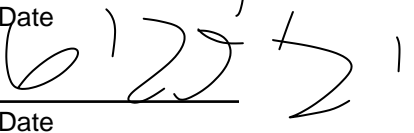
Comment:

54.(c)(2) - Client #2 last service plan dated 9/2020. Service plan should be reviewed every 6 months.

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

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

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Date

CTA RN Compliance Manager: Terri van Howtin

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

PCG's Name on CCFFH Certificate: Mercedes Arquiteola  
(PLEASE PRINT)

CCFFH Address: 17-606 S. Ipuawaha Pt Keaau HI 96749  
(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?
3400(2)	The deficiency written in this corrective action plan was complete on 8/31/21 sign by the client and RN case manager this service plan also submitted to the Doctor for thier record. and the next service plan is scheduled September 2021.  see Attached 26 pages	7/30/21	Will review client binder with RN case manager monthly

All items that were fixed are attached to this CAP

PCG's Signature: *M. Arquiteola*

Date: 7/30/21

CTA has reviewed all corrected items