

Foster Family Home - Deficiency Report

Provider ID: 2-140001

Home Name: Arcelie Weaver, CNA

Review ID: 2-140001-16

1393 Komohana Street

Reviewer: David Ayling

Hilo HI 96720

Begin Date: 11/14/2022

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 for a 3 person CCFFH recertification. Corrective Action Report issued during home inspection with written plan of correction due to CTA by 12/14/22.

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 second year APS/CAN and fingerprints for HHM #1. Expired on 3/4/2021.


Compliance Manager

Date

11/14/2022


Primary Care Giver

Date

11/14/2022

CTA RN Compliance Manager: David Ayling

Community Care Foster Family Home (CCFFH)
Written Plan of Correction (POC)
Chapter 11-800

PCG's Name on CCFFH Certificate: ARCELIE WARDER
(PLEASE PRINT)
CCFFH Address: 1393 KONOHAHA ST. HILLO HI 96720
(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?
8(a)(1) (2)	RECEIVED CURRENT APS/CAN + FINGER PRINTS FROM HHM #1. I PLACED IN MY CCFFH BINDER.	12/15/22	I MADE A LIST OF EXPIRATION DATES FOR APS/CAN + FINGER - PRINT FOR ALL HHM AND ALL CAREGIVERS I PUT THE LIST IN THE FRONT OF MY CCFFH BINDER. I WILL REVIEW EVERY MONTH

All items that were corrected are attached to this POC
PCG's Signature: [Signature]

Date: 12/28/22

CTA has reviewed all corrected items