## Foster Family Home - Deficiency Report

Provider ID: 2-130012

Home Name: Jeffry Arellano, CNA Review ID: 2-130012-19

67 Hokulani Street Reviewer: David Ayling

Hilo HI 96720 Begin Date: 2/6/2024

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

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

Comment:

6.(d)(1) - Annual unannounced inspection made today. Deficiency Report issued during home inspection with written plan of correction due to CTA by 3/6/24.

Foster Family Home Background Checks [11-800-8]

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(2) - APS/CAN expired on 12/15/2023 for CG #2.

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

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

Comment:

41.(b)(7) - TB clearance expired on 12/18/2022 for CG #2.

Driver Civer

2 (2024 2 (2024) Date

Page 1 of 1 2/6/2024 3:35:45 PM

## **DAVID AYLING**

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

PCG's Name on CCFFH Certificate: JEFFRY ARELLANO

(PLEASE PRINT)

**CCFFH Address:** 

67 HOKULANI STREET HILO HAWAII 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)(2)	SCG # 2 expired APS/CAN	02/12/24	SCG #2 and PCG will put an alarm on phone or calendar as reminder to renew before expiration.
41.(c)(7)	SCG #2 expired TB clearance	02/08/24	SCG #2 and PCG will again use alarm on phone and calendar as reminder to renew TB clearance before expiration.

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PCG's Signature:

101821 S. Young

Date: 02/22/2024

X CTA has reviewed all corrected items