

# Foster Family Home - Corrective Action Report

Provider ID: 1-562571

Home Name: Yolanda De Vera, CNA

1586 Moani Street

Honolulu HI 96819

Review ID: 1-562571-3

Reviewer: [REDACTED]

Begin Date: 8/27/2015

End Date: 9/6/15

## Foster Family Home Required Certificate [17-1454-6]

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

Comment:

Home visit for a 3 person recertification review made on 8/27/15. Corrective Action Report issued during home visit with all items due to CTA by 9/27/15.

6.(d)(1) - see applicable sections of the review

## Foster Family Home Personnel and Staffing [17-1454-41]

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

Comment:

41.(b)(7) - No current TB clearance for CG #1, CG #2, and CG #3.

[REDACTED]  
Compliance Manager

*[Signature]*

Primary Care Giver

8/27/15  
Date

8/27/15  
Date

1562571 From: Yolanda de Vera



RE: TB Clearance

41.(b)(7) = Sent CTA current TB clearance  
for CG #1. [REDACTED]

CG #2: [REDACTED]

CG #3: [REDACTED]

Household member: [REDACTED]  
on September 6, 2015.

= I will place all items with expiration  
dates on my iPhone & computer calendar.  
I will also make a list and place in front  
on my CTA binder. I will review  
every month.

Thank you

~~Yolanda de Vera~~  
September 6, 2015

RECEIVED  
SEP 10 2015  
FAX