Foster Family Home - Corrective Action Report

Provider ID: **1-630279**

Home Name: **David Yamane, CNA** **Review ID:** **1-630279-4**

1103 Kahauiki Place Reviewer:

Honolulu HI 96819 Begin Date: 9/18/2015 End Date: 9/19/15

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 9/18/15. Corrective Action Report issued during home visit with all items due to CTA by 10/18/15.

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

CAP completed 9/19/15.

Foster Family Home **Background Checks** **[17-1454-7.1]**

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

Comment:

7.1.(a)(2) - No second year (2014) APS/CAN done until 2015 for CG's #1, #2, #3, #4, and #5.

[redacted]

Compliance Manager

9/18/15
Date

Daniel Yamane
Primary Care Giver

9-18-15
Date

7.1. (a)(2) - I showed CTA my current (2015) APS/CAN on the day of my review 9/18/15

- Placed all items with expiration dates on my computer calender.

David Yamane
9-19-15