

# Foster Family Home - Corrective Action Report

Provider ID: 1-580599  
Home Name: Robert Yabut, CNA      Review ID: 1-580599-5  
1639 Lusitana Street      Reviewer:  
Honolulu HI 96813      Begin Date: 2/1/2016      End Date: 2/10/16

## 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 [REDACTED] Corrective Action Report issued during home visit with all items due to CTA [REDACTED]  
6.(d)(1) - see applicable sections of the review

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

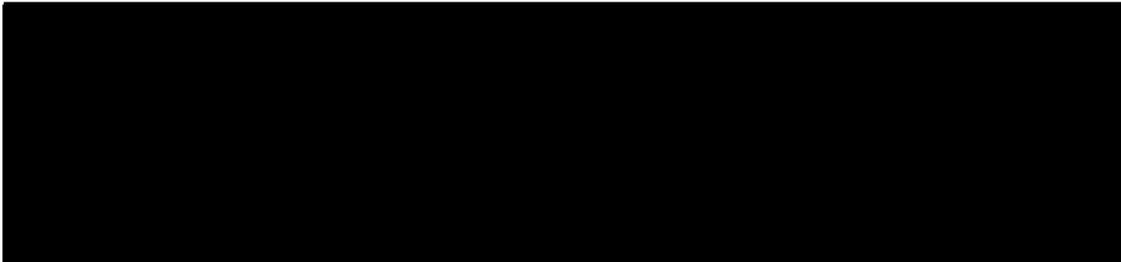
41.(a)(3) Have at least one year of experience in a home setting as a NA, a LPN, or a RN; and  
41.(b)(3) Be able to communicate, read, and write in the English language;  
41.(b)(4) Cooperate with the department to complete a psychosocial assessment of the caregiving family system in accordance with subsection 17-1454-7(b)(2).  
Comment:  
41.(a)(3) - No job experience form for CG #2 and CG #4.  
41.(b)(4) - No disclosure form for CG #2.

## Foster Family Home      Quality Assurance      [17-1454-48.1]

48.1.(a) The home shall have documented internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to:  
Comment:  
48.1.(a) - Emergency Preparedness Plan needs to be signed by CG #4 and CG #5.

## Foster Family Home      Records      [17-1454-52]

52.(c)(5) Medication schedule checklist;  
Comment:  
52.(c)(5) - [REDACTED] Make [REDACTED] on one page only on the MAR.



1-580599  
ROBERT E. YAGUT  
1639 LUSITANA ST.  
HONOLULU, HI 96813  
[REDACTED]

COMMUNITY TIES OF AMERICA  
45-955 KAMEHAMEHA HWY.  
# 300 KANE OHE HI 96744

DEAR SIR/MADAME:

IN COMPLIANCE WITH ALL APPLICABLE REQUIREMENTS:

- 41. (a)(3) - I SENT CTA CURRENT JOB EXPERIENCE FORMS  
FOR CG # 2 AND CG # 4 [REDACTED].
- 41. (b)(4) - I SENT CTA A CURRENT DISCLOSURE FORM  
FOR CG # 2 [REDACTED].
- 48. 1 (a) - I SENT CTA AN UPDATED EPP SIGNED BY  
CG # 4 AND CG # 5 [REDACTED].

I HAVE PLACED ALL OF THE ABOVE ITEMS IN MY CTA BINDERS  
I WILL HAVE ALL NEW CGS HAVE ALL THE REQUIRED ITEMS  
WHEN ADDING THE CG TO MY CCFFH.

THIS WILL INCLUDE A JOB EXPERIENCE FORM, DISCLOSURE  
FORM, AND A SIGNED EPP.

- 52. (c)(5) - I HAVE SENT CTA A CORRECTED MAR FOR CLIENT # 2.  
I NOW UNDERSTAND THE PROCEDURE TO ADD O/C MEDICAT-  
IONS. I WILL CHECK THE MAR WHEN I RECEIVE THE  
NEW MAR FROM MY CMA EACH MONTH.

[REDACTED]