

Foster Family Home - Corrective Action Report

Provider ID: 1-634429

Home Name: Gracemarie Yap, CNA

Review ID: 1-634429-4

1807 Beckley Street

Reviewer:

Honolulu

HI 96819

Begin Date: 11/17/2016

End Date: 12/3/16

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 CCFFH recertification review made on 11/17/16. Corrective action report issued during home visit with all items due to CTA by 12/17/16.

6(d)(1) see applicable sections of this review.

Corrective action plan met 12/3/2016.

Foster Family Home

Background Checks

[17-1454-7.1]

7.1.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

Comment:

7.1. (a)(1) State name checks (eCrim) were due on or before 7/15/15 for CG#1, CG#2 & CG#3 but were done on 8/24/16.

Compliance Manager

Date

Primary Care Giver

Date

11-17-16


Written Plan of Correction

Date: November 23, 2014

7.1. (a)(i) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

1. Noted and entered in a Yearly Planner and my wall calendar when e(Crim) is due for all my caregivers CG#1, CG#2, CG#3.
2. Noted and entered in a cellphone planner at my yearly apps. when e(Crim) is due annually.

Date: November 23, 2014


Gracemarie R. Yap
1807 Beckley St.
Honolulu, HI 96819