

Foster Family Home - Corrective Action Report

Provider ID: 1-630279

Home Name: David Yamane, CNA

Review ID: 1-630279-5

1103 Kahauiki Place

Reviewer: Sue Lo

Honolulu

HI 96819

Begin Date: 9/21/2017

End Date: 10/4/2017

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment:

6(d)(1) Home visit made for a 3 bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA on 10/21/2017.

Foster Family Home

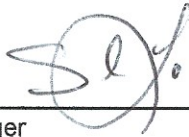
Personnel and Staffing

[17-1454-41]

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41.(b)(8) Lapsed on CPR and First Aid training due on/before 6/9/17 and was done 6/14/17 for CG#1, CG#2, CG#4, and CG#5.


Compliance Manager


Primary Care Giver


Date


Date

Community Care Foster Family Home (CCFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFH Name: DAVID YAMANE
CCFH Address: 1103 KAHALUHI PLACE

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
41.08	lapse cannot be fixed	9-21-17	PCG understands not to lapse on CPR & first aid will try grid tracking log.

Primary Caregiver's Signature: David Yamane

Print Name: DAVID YAMANE

Date of Signature: 9-22-17