

Foster Family Home - Corrective Action Report

Provider ID: 5-130029

Home Name: Imelda Yadao, CNA

2900 Kanani Street

Lihue HI 96766

Review ID: 5-130029-7

Reviewer: Sue Lo

Begin Date: 10/20/2017

End Date: 10/21/2017

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 11/20/2017.

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) CG#1 and CG#2 lapsed on eCrim due on/before 6/17/17 was done on 8/10/17 and CG#4 lapsed on eCrim due on/before 8/7/17 was done on 9/11/17.

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) CG#1 and GG#2 lapsed on CPR and first aid due on/before 9/8/17 was done on 9/12/17 and CG#4 lapsed on CPR and first aid due on/before 3/29/17 was done on 8/5/17.

Compliance Manager

Primary Care Giver

Date

Date

Written Plan of Correction for Deficiencies
 Listed in Corrective Action Report
 Chapter 17-1454

CCFFH Name: IMELDA YARAO
 CCFFH Address: 2900 KANANI ST LIHUE HI 96766

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
7.1(a)(1)	Lapse can't be fix or corrected	10-20-17	Background check are very imp. from now on I will renew 2 weeks before 5 year expire.
4.1(b)(1)	Lapse for CPR & First Aide can't be fix		For all lapses, I will prevent this from happening again. because I will mark my calendar 2-4 weeks ahead of time before any requirements expired.

Primary Caregiver's Signature: [Signature]

Print Name: IMELDA YARAO

Date of Signature: [Signature]
10/20/17