

Foster Family Home - Corrective Action Report

Provider ID: 1-130027

Home Name: Marjorie Yago, CNA

Review ID: 1-130027-6

94-206 Kupuna Lp

Reviewer: Carrie Wakai

Waipahu

HI 96797

Begin Date: 9/27/2017

End Date: 10/25/2017

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 client CCFFH recertification survey. A corrective action report was issued during the visit with all required items due to CTA by 10/27/2017. Home will receive a 3 client 2 year certificate.

Foster Family Home Medication and Nutrition [17-1454-46]

46.(e) The caregivers shall obtain specific instructions and training regarding special feeding needs of clients from a person who is registered, certified, or licensed to provide such instructions and training.

Comment:

46(e)-No special feeding training present for client #2.

Carrie Wakai RN
Compliance Manager

9/27/17
Date

Myers
Primary Care Giver

09/27/17
Date

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

CCFFH Name:
CCFFH Address:

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
46.e	All CGs have been trained to give special feeding on pureed diet. All CGs understand the training on special diet.	10/16/17	Home will check updated service plan and will notify CMA to give training on special diet to all CGs.

Primary Caregiver's Signature: 

Print Name: MARJORIE YAGO

Date of Signature: 10/16/2017