

Foster Family Home - Corrective Action Report

Provider ID: 1-634429

Home Name: Gracemarie Yap, CNA

Review ID: 1-634429-5

1807 Beckley Street

Reviewer: Carrie Wakai

Honolulu HI 96819

Begin Date: 11/8/2017

End Date: 11/08/2017

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 12/8/2017.

Foster Family Home Client Care and Services [17-1454-43]

43.(b) One bed in each home shall be reserved for Medicaid recipients.

Comment:

43(b)-Home has only a private pay client for longer than 6 months.

Carrie Wakai RN
Compliance Manager

11-8-17
Date


Gracemarie Yap
Primary Care Giver

11-8-17
Date

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

CCFFH Name: Gracemarie Yap
 CCFFH Address: 1801 Beckley St. Hon. Hi Auea

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
43(b)	<p>Home has only a private pay client for longer than 6 months although I contacted the CMA and faxed the open bed form to CMA. Visited numerous Healthcare facilities to get a medicaid referral.</p> <p>I still unable to get a medicaid client for my home. Some client from google advertisement who found my vacancy came to see the room but two of them are not the perfect match of my private client. Most of client are pending medicaid and don't have a CMA.</p>	11-8-17	<p>Filled / Open client Bed Reporting Form:</p> <ul style="list-style-type: none"> - will be updated monthly until vacancy filled of medicaid client. - will continued notify all CMA and advertised thru google or Yelp for vacancy of open bed. - will continued to work with my current case manager.

Primary Caregiver's Signature: 

Print Name: Gracemarie Yap Date of Signature: 11-8-17