

Foster Family Home - Corrective Action Report

Provider ID: 1-090002

Home Name: Melody Yasay, CNA

1303 Wawe Place

Honolulu

HI 96818

Review ID: 1-090002-5

Reviewer: David Ayling

Begin Date: 7/6/2018

End Date: 7/19/18

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 7/6/18. Corrective Action Report issued during home visit with all items due to CTA by 8/6/18.

6.(d)(1) - see applicable sections of the review

Foster Family Home Background Checks [17-1454-7.1]

7.1.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

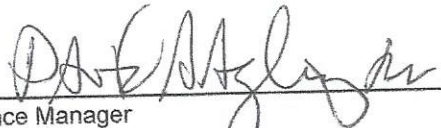
7.1.(a)(2)- No current APS/CAN for CG #1,#2,#4. Expired 5/11/18.

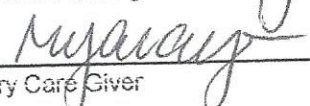
Foster Family Home Personnel and Staffing [17-1454-41]

41.(b)(7) Have a current tuberculosis clearance that meets department of health guidelines; and

Comment:

41.(b)(7)- No current TB clearance for CG #1. Expired 2/7/18.


Compliance Manager


Primary Care Giver

7/6/18
Date

7/6/18
Date

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

CCFFH Name: MELODY YASAY
 CCFFH Address: 1303 Wawe pl Hon, HI 96818

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
7.1.(9) (2)	I obtained a current APS/CAN from CG#1, CG#2 and CG#4 and placed in my CTA binder.	7/19/18	I now understand about all expiration dates and made a list of them (CPR, APS/CAN/TB) for all CG's and placed in the binder of my CTA binder. I will review every month.
416(7)	I obtained a current TB clearance and placed in my CTA binder.		

Primary Caregiver's Signature: Melody Yasay

Print Name: MELODY YASAY

Date of Signature: 7/19/18