

Foster Family Home - Deficiency Report

Provider ID: 1-630279

Home Name: David Yamane, CNA

Review ID: 1-630279-10

1103 Kahauiki Place

Reviewer: Julie Hastings

Honolulu

HI 96819

Begin Date: 9/27/2021

Foster Family Home Required Certificate [11-800-6]

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

Comment:

6.(d)(1)-Annual inspection conducted for this 3 bed home.

A corrective action report (CAR) was issued during the visit and a corrective action plan (CAP) is due back to CTA before 10/27/2021.

Foster Family Home Background Checks [11-800-8]

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

Comment:

8.(a)(2)
CG#1, CG#2, CG#4 APS/CAN lapsed last was 9/10/19. Was due on or before 9/10/21. No Current APS/CAN.

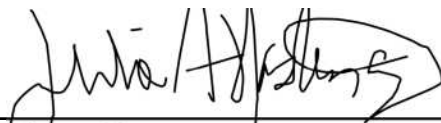
Foster Family Home Personnel and Staffing [11-800-41]

41.(h) The primary caregiver shall ensure that all substitute caregivers are approved by the department prior to providing services and shall provide a verbal and written report of all substitute caregiver changes, including additions, terminations and replacements, to the department.

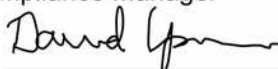
Comment:

41.(h)
CG#3 is not currently approved for a 3 client home.

10/6/21-Verified that CG#3 had required approval as of 5/19/2014



Compliance Manager



Primary Care Giver

9/2/2021

Date

9/27/2021

Date

CTA RN Compliance Manager: Terri Van Houten

Community Care Foster Family Home (CCFFH)
Written Corrective Action Plan (CAP)
Chapter 11-800

PCG's Name on CCFFH Certificate: David Yamane
(PLEASE PRINT)

CCFFH Address: 1103 Kahauiki Pl. Honolulu, HI 96819
(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
8.(a)(2)	Lapse cannot be corrected. APS/CAN obtained.	09/27/21	Background checks will be done atleast 4 weeks before due date to prevent future lapses.
41.(h)	No corrective action taken. 3 client approval is attached to CAP.		Verified that CG#3 had 3 bed approval as of 5/19/2014 TV

All items that were fixed are attached to this CAP

PCG's Signature: David Yamane

Date: 9/28/2021

CTA has reviewed all corrected items